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NEW CONCEPTS IN SCHOOL NURSING

A NEW concept is being developed—the concept of *health in the program of the school*—to supplant the old concept of a *school health program*. What is the essential difference? Simply this: In the *old* concept, a school health program is set up and then to a greater or less degree it is integrated into the program of the school. In the *new* concept, health is built directly into the program of the school instead of being fitted into an already functioning program. The new concept implies a growing responsibility on the part of the school administrator, the master-builder who brings together all of the parts of the school program into one harmonious whole. This new concept is as yet only a tiny spark, but one which glows, like the jewel of Aldabaran, with an alluring intensity. Let us try to make this concept a trend!

Building health into a school program implies a knowledge of the health needs of the child, of his home, and of his community. There is a definite trend toward a better appraisal of the child from the physical point of view. This trend was undoubtedly stimulated by the recommendations of the American Child Health Association for more thorough, even if less frequent health examinations. Then, too, the teacher applying the principles of progressive education is attempting a more careful appraisal of the child as a personality. There is definite need for closer coördination of these two appraisals, and child participation in each, so that through these activities he experiences

new adventures in living. This coördination implies qualitative, cumulative, biographical records. Only a few schools can be said to include adequate health appraisals, and fewer still have set up these appraisals as an educational experience; but there is a distinct trend in this direction.

Guidance is now conceived as one of the primary functions of education. Guidance, therefore, like health, should be included in the program of the school, rather than developed as a program to be integrated into the school. As health is an important aspect of guidance in living, the nurse becomes one of the most important guidance functionaries because she interprets to the school personnel, to the child, and to his parents the findings of the physician and the use of community resources. She also interprets to the school personnel the home background of the child and the educational needs of the parents. The administrator considers all of these factors in building his school program.

The health of the rural child is at long last being given more consideration. There has been a steady and rapid increase in rural health facilities, and higher standards of preparation of health workers in the rural field are required. Many county health units include school nursing in their programs; and even where school nursing functions under the auspices of public education, the school and the nurse have the use of the added facilities and leadership of the county health unit. In either case the nurse has a dual function of interpreting to the health department the philosophy, the principles, and the methods of education, and to the school personnel the community health needs and resources, so that educational and health personnel may arrive at a common basis of understanding. The expansion of community resources for the care of mothers, infants, and children should also result in a better quality of child life so that the school will have a stronger foundation upon which to build.

Constructive leadership in health education is now being offered through the National Education Association. At its annual meeting in Detroit, Michigan, June 28-30, a health education division of the School Health and Physical Education Department was formed for the purpose of bringing together all of the various professional groups interested in the health of the school-age child—physicians, dentists, nurses, nutritionists, school psychologists, physical educators, school administrators, and classroom teachers—where each group can learn to know the peculiar contributions of the other, and where all can arrive at a common language, a common philosophy and objectives, and a common understanding of the problems of school health. This newly organized section (more fully reported elsewhere in this number) fills a long-felt need. At last the school nurse has two parents—the National Organization for Public Health Nursing and the National Education Association. It is to be hoped that these two parents will plan together for a more fruitful union.

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THE SCHOOL NURSE BLAZES A NEW TRAIL

DURING the present year, in which we are celebrating the Silver Jubilee anniversary of the N.O.P.H.N., it is very fitting that the school nurses should make a new venture and become a section of the new Department of School Health and Physical Education of the National Education Association. This department was organized at the annual meeting in Detroit, Michigan, June 27 to July 1, 1937.

The small group of nurses who came to Detroit to participate with school administrators and teachers in the development of an all-round educational program for boys and girls were eager to become a part of this national association because they felt that they had something to give and something to receive from this alliance. It was generally agreed that school nurses in their changing program could no longer be merely *attached* to the general educational program but must become a part of it. With the emphasis in education changing from subject matter to growth and development of the whole child, every activity becomes an integral part of the entire curriculum. Therefore, the school nurse's work must be educational in scope if it is to survive. Her work must be in harmony with the philosophy of education that her particular school system has accepted as the basis of its curriculum. If it is one that teaches children how to think, how to act intelligently on their own thinking and to be self directing individuals, then her work becomes a part of this wider program. If it is a philosophy that teaches memorization of facts with little or no opportunity for practice, she has a different task to perform.

The nurse's problem is how to find her place in the schools of today. One thing is certain—she can do it more easily by having close contact with the school administrators and the teaching personnel, by joining with them in the discussion of their common problems, and by interpreting their work when opportunities arise.

We, at Detroit, felt this contact was so necessary that we voted to form a section for school nurses in the Department of School Health and Physical Education. During the discussion at this meeting it was suggested that the purposes of the section for this year should be:

1. To interpret school nursing to the educators. It was felt that administrators must be aware of what constitutes a good school nursing program if the service is to be effective.
2. To develop an active relationship with other school health personnel, with opportunities for the nurses to present their own views on educational problems.
3. To present in some form, standards for guiding school administrators in the employment of school nurses. It was believed that school superintendents must know what educational, professional, and personal qualifications were necessary to assure them that they have employed the nurse that will give them the best service possible.

The plan of organization for this department in the N.E.A. includes three divisions: health education, physical education, and recreation. The health education division was divided into sections—for school physicians, school nurses, nutrition workers, and teacher training. There was also a request for a mental hygiene section. The divisions of physical education and recreation developed sections according to their specific interests. The division chairmen and the section chairmen are included in the legislative council of the Department of School Health and Physical Education. The section chairmen and one representative at large elected from the section members are included in the

legislative council of each division. It would seem that through this organization school nurses should have an opportunity to present their problems and their contributions in the development of the school health program.

One question may arise in the school nurse's mind: Can she afford to belong to the N.E.A. in addition to the N.O.P.H.N. and the A.N.A. It would seem that she cannot afford to stay out. She must recognize her dual relationship in this position and take her responsibility in this newly organized section for health workers in the public schools or be a follower only. The school nurse has a unique contribution to make to the educational program. She serves as a connecting link between the school, the home, the community, and the social agencies. She must be a leader in her own field. She can not be a follower only.

It takes courage to blaze new trails. Public health nurses have been trail-blazers for twenty-five years. School nurses are public health nurses. You know the answer!

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A STUDY PAGE—YES OR NO?

TWO months ago we dropped the study page which had been published during the past year and a half, because of a lack of response to our query in the April issue: "Do you want the study page continued? We should like to know whether our readers find the questions helpful—or whether the page should be used otherwise in view of our limited space. Please drop us a post card or a note if you find the page useful. Its continuance depends on you."

A Wyoming nurse writes us: "I would like to see the study page continued. I feel that it makes my reading more thorough. While reading the magazine I keep remembering that there will be questions coming soon which I will want to be able to answer. It helps me to see how the material offered can be directly correlated into my own program. The study page is stimulating; makes one think as one reads; and gives one better preparation for the problems which arise in many public health nursing programs."

Does this express the feeling of other readers who did not take the trouble to write us? Shall we resume the study page this fall? These are questions we should like to have answered. Won't you—board member, executive, supervisor, staff nurse, rural nurse, student—write us whether you find the study page useful? We say again: "Its continuance depends on you."

Present Trends in Health Education

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What trends in health education are emerging today? A specialist who has made worldwide observations in this field outlines some of the approaches which seem most effective

ALL OVER the world health education is increasing in importance. In 1935-36 the writer made a world tour in the interest of health education, visiting over twenty-five countries.* In every one of these countries health is coming to have a larger place in the educational curriculum and education is coming to play more of a part in the promotion of health.

Health education is winning wider recognition as a distinctive procedure or agency for the promotion of the public health, not merely an incidental accompaniment of treatment or sanitation. It is becoming more distinct from these other activities. More educational skill is going into the process.

EDUCATION COSTS LESS THAN CARE

We have come to recognize that doing things to people is often easy, but it is expensive and of temporary benefit. Showing people how to do things for themselves may take a little time, but it is relatively inexpensive and its results are lasting. Moreover, the people are strengthened by the latter process and weakened by the former.

There is a natural desire to relieve suffering, and the clinical approach to public health problems has commonly resulted in the expansion of treatment programs which might be extended to consume the whole national budget without achieving their objective. The great hope for public health within budgetary limitations lies in securing more healthful living on the part of the people.

Nowhere are these facts more obvious than in the Far East. Read, if you are fortunate enough to have the book available, *Intensive Rural Hygiene Work in Netherlands India* by Dr. J. L. Hydrick.[1] You will find here the story of health education as the basis of rural hygiene and you will find a fresh and stimulating enthusiasm and philosophy for health education born of successful experience.

Hook-worm is being conquered by education after failure to conquer it through treatment programs and compulsory sanitation. The treated case was not a "center of propaganda" resulting in hygienic living for the community. He became reinfected. It was possible to compel the villagers to build latrines but it was not possible to compel them to use them. Education, and education alone, was able to produce this result.

"Wherever it is economically possible, curative medicine and hygiene should be separated, the curative activities being carried out by one personnel, and the preventive activities by personnel

*This trip was made as Chairman of the Health Section of the World Federation of Education Associations and resulted in the establishment of a Section Office at 200 Fifth Avenue, New York, N. Y., under the direction of the Executive Secretary, Sally Lucas Jean—a woman trained as a nurse and as a teacher—whose pioneer contribution to health education is widely known. This office is at the service of school health workers for advice on individual problems and for the establishment of contacts with school workers in other countries.

trained in hygiene," says Dr. Hydrick. "Medical care purposes to relieve those who are suffering from disease and tells them what they should not do. Hygiene works by telling the people what they should do and tries to prevent the spread of disease. . . . The idea that medical care must be combined with hygiene work has so long been accepted that most of the directors of preventive activities have not been willing to separate hygiene from medical care. A great factor in regard to this point is also the fact that those who have once worked with activities that concern medical care will not willingly give up this attractive care of the sick which is satisfying to them to carry on hygiene work which is much more difficult and the results of which cannot be seen immediately, but will be secured much later. . . . There must, of course, always be coöperation of the two groups but each personnel . . . should be concerned only with one type of work."[1]

ADAPTATION OF TEACHER TO LEARNER

More and more attention is being given to the presentation of health information at the level of intelligence and interest of the persons concerned. It is an ego-puffing experience to be able to talk to people in terms they cannot understand. Perhaps in clinical practice it is sometimes helpful to be able to talk to the patient in incomprehensible terms as a means of answering his question and at the same time hiding the fact from him. Hiding the fact from the learner, however, is not the chief goal of education. Health education requires more simplicity, clarity, patience, and repetition than was early recognized. The public school teacher is an expert at adapting materials to the respective age levels in the education process. Even here there is continual experimentation for the better adaptation of health education materials to grade levels.

The primary purpose of school medical and nursing service is education, according to the White House Conference.[2] And yet by and large we are only beginning to operate those services as though we believe in this point of view. We still have a long way to go in making the experiences of the child as he comes in contact with these services more truly and helpfully educational.

USE OF PRIVATE PRACTITIONER

Health education in the classroom broadens the opportunities for the practice of preventive medicine by the private practitioners of medicine and dentistry, and thus may replace school health services in part, to the great benefit of the taxpayer and with a strengthening of the self-reliance of the pupil. Our experience in dental health education in our experimental program in Malden is an illustration of this point.[3] Fifteen years ago less than 20 percent of our children were receiving the necessary dental care each year. This year 70 percent of our school children received all necessary dental care. This change has been brought about through health education without the employment of school dentists or dental hygienists and without increase in the free clinic facilities. The director of health education, the classroom teachers, and the school nurses coöperate in an educational program based on the principle that every child should go to the family dentist at least once a year and that the school nursing service should assist children without adequate means to receive treatment in a public clinic.

This tendency to use health education to expand the opportunities of the physician and dentist for health supervision and maintenance as well as for treatment is most significant. The program of medical participation emanating from Detroit and the intensive health education activities in the rural counties of Michigan under the direction of the W. K. Kellogg Foundation have given new significance to the po-

tentialities of health education, and fresh direction to public health progress. It may be self-satisfying to government to provide such complete services for the public that there is no longer need for individual care and responsibility, but that is not the way to make a strong people. It is the job of health education to educate the people to appreciate and use the form of scientific medicine existing in the community.

RELATION OF SCHOOL AND COMMUNITY

A closer relation between the health education program in the schools and the community health program is becoming evident. The school may furnish invaluable aid in many of our outstanding public health projects. At the same time the school health education program needs to reach into the home more effectively. For its own effectiveness it needs to establish contacts with adult health education programs in the community. Here we find the need for directors of health education thoroughly trained in the health-medical sciences, in community health activities, in education, and in school health administration.

The leader in health education will be not only a health educator but also a coördinator. The main task of this individual is the coördination of the work of the great body of teachers with that of the health specialists; but of increasing importance is the coördination of the school health program with that of the community. In China a special training program at the University of Nanking is graduating specialists who are called "health educators and coördinators."

There is increasing recognition of the importance of centering health education responsibility in one suitably trained person. If he (or she) has the training indicated above it does not matter whether he comes from the field of education, medicine, nursing, nutrition, or physical education. It *is* important that leadership and coördination in health education come from a single source.

School health education ought to regard the maintenance and promotion of health for all pupils as its primary function, and the correction of defects and provision of special care for subnormal children as an essential activity which, however, does not in itself constitute a complete school health program.

SHARING RESPONSIBILITIES

We see the growing tendency to organize and plan health education grade by grade, to leave the child training responsibility largely in the hands of the classroom teacher, and to plan on an educational basis the effective coöperation to be rendered by health specialists. The nurse does not give isolated health talks unrelated to the work of pupils as she goes from grade to grade. The continually improving school nursing personnel are now able to undertake the more difficult task of furnishing that stimulation and encouragement which the children so much need by supporting the program which the children have underway at the moment. The nurse becomes a vital and important part of the educational program of the classroom, instead of discontinuing that program while she gives a lecture on health. When she is asked to speak to parents she presents to them a practical health problem with which parents are concerned and in relation to which she can paint a clear picture of the health program of the community, the schools, and the homes.

As we come into the individual classroom, we see many tendencies: a better appreciation of the relative values of the different health practices, resulting in better emphasis in health instruction and training; the increased use of films and other visual material; a recognition that the acquisition of knowledge as well as health behavior is essential and that health behavior alone does not constitute a health education program.

There is one trend to be observed in some parts of the country, though fortunately not in all, which should cause us deep concern. That is the tendency to discontinue the monthly weighing of children. This has come about with the discontinuance of the out-moded and unsound "underweight program" in which the chief concern of health education was to see that all children were brought within ten percent of the average weight for the group. Underweight never was a diagnosis of malnutrition, and it was not sound either to encourage the child to evaluate his health on the basis of his skeletal proportions or to encourage the community to evaluate its school health program on the basis of the number of underweight children. We agree that relationship to average weight for the group should not be computed for school children but we do not agree that we can afford to discontinue monthly weighing.

WATCHING GROWTH

Monthly weighing has as its first purpose the opportunity afforded to the child to watch his own growth. It is primarily an educational device and there is no other incentive to sound health behavior so valuable as a desire to grow. There is no way of using this incentive unless the child can watch his growth.

The second value in monthly weighing is its value as a danger signal in calling to our attention children who have stopped growing for long periods of time. This intermittency in growth does not constitute a diagnosis of poor nutrition or of any other specific condition. It is merely a danger signal. It tells us that the child has stopped growing and we know that that is not a natural situation. The cause may lie in recent illness, in serious physical defects, or in unhygienic habits. In a few cases the cause will be difficult or perhaps impossible to find. It is, however, worth while to look into the cases of these children who have stopped growing, because most of them will profit by such individual attention.

Earlier studies by the author have shown that the condition of these children is appreciably less satisfactory in reference to illness, physical defects, and habits of living than children who are growing well.[4, 5] Recent studies to be reported at the American Public Health Association meeting in October 1937 show that the most practical scheme to use is three-months' intermittency; that is, the selection of children who have failed to gain for each of three successive months. It shows also that these children are not the small children of the group. Their average size is that of the group as a whole.

Monthly weighing as a nursing procedure would involve too much time, but when carried out by the classroom teacher (as it should be) and in time assigned to health education, it becomes one of the most valuable procedures in the school health program.

Emphasis changes from time to time, but we are sure of progress in the important task of combining the best educational methods with the soundest health knowledge in our friendly and coöperative efforts to develop hygienic living among the school population and in the community at large.

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The Nurse's Contribution to Health Education

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If the nurse knows educational techniques she will be able to assist the teacher in incorporating health knowledges, habits, and skills into the school curriculum

THE HEALTH of the child in school is the responsibility of every adult with whom the child comes in contact in the school system. The janitor, or custodian, the classroom teacher, principal, superintendent, and special teachers have a joint responsibility to the child and to the parent of that child.

The superintendent is the metronome who sets the tempo for the school program. As time goes on, the superintendent is realizing that he should know more about the child, his interests and needs, rather than the school and its needs. Administrators are taking more and more interest in the elementary school children and the teachers of these children. What does this mean to the nurse in the school? Fortunate is she who is a participant in a school program which is assured of leadership by one who knows and understands the social, emotional, physical, and mental needs of the individual child. The school nurse in the modern education program can go only as far as the superintendent's vision will allow her to go. The superintendent sets the tempo for his teachers, and likewise he more or less influences the attitudes of his teachers; this in turn is reflected in the results upon the individual child.

First of all the nurse in the public school must realize that school will continue whether she is there or not. She is only one member of a group of people who are interested in the total well-being of the child. However, it is true that a school nurse with a sound educational philosophy and good public health background may contribute very desirable qualities of leadership.

Second, the school nurse when in Rome should learn something about the Romans. How many nurses in the public school of today are informed on the techniques of modern education? Not that the nurse will assume the rôle of an educational supervisor; but such an understanding is needed so that her own educational practices will coincide with those of other school personnel and so that she will have a sympathetic understanding of the problems of teachers. The nurse must know something about the school system before she can ever hope to have desirable working relationships which are essential if a school is to have a functional health program.

Third, it is advisable for the school nurse to avoid assuming the *full* responsibility for the health program. If she has some good ideas they should be discussed with the school administrator first; and he should assist in organizing various health committees, since the health program is the responsibility of many—not one. If the nurse feels that the school sanitation is not all it should be, she should discuss it with other faculty members. Perhaps they have a group of older boys who might use the situation for a class project. The teach-

er is encouraged to see that many of the health problems of the school might well be investigated by the children themselves, with her coöperation and leadership.

A school nurse of today must be an integral part of the school structure and not an isolated individual who merely takes temperatures, bandages fingers, takes sick children home, selects children for extra nourishment, and decides what families shall be given Christmas baskets! One superintendent remarked recently, "My teachers do not do morning inspections, vision testing, weighing, and measuring. We have a school nurse who is supposed to do those things." And that school nurse is having a difficult time working in a school whose administrator leaves the health program entirely in the hands of *one* individual.

WORKING TOGETHER BRINGS RESULTS

The success of the school nurse's work will depend upon her own educational preparation, upon her appreciation of the teacher's plans and problems, and upon the individual and personal relationships which she is able to develop with the teachers. Once rapport is established, the nurse has won her first victory.

If health examinations are available to the children, the plans for such a program should be carefully discussed with the administrator as he may wish to present the plan and details to the faculty group. Perhaps a committee will be appointed to work with the nurse on the plans for carrying on the examination program. Whatever is decided, the teacher must be satisfactorily informed so that she, in addition to the nurse, may present the plans to the children and to their parents. If the nurse encourages participation on the part of the teacher she will take more interest and will assume more responsibility for the success of the program.

Following the health examinations the nurse and teacher will have many conferences concerning the specific needs of Johnny and how those needs can best be met. Again the teacher may be interested in visiting Johnny's parents in the home. Perhaps the nurse may go along, but she permits the teacher to take the lead in the conversation in the home. Perhaps the physical need has been an entrée for the teacher to invite the parent to school to observe how Johnny works and plays while at school. The school nurse who has developed good home contacts with parents is in a strategic place to bridge the gap between parent and teacher.

Naturally the nurse is interested in the prevention of communicable disease but here again it is better for her not to shoulder the responsibility alone. The wise nurse will insist that the administrator appoint a committee to work with her on a program of standards for the exclusion and re-admission of children. The plan is presented to the faculty group for approval, and after the policies are adopted, a printed copy is posted on the bulletin board of each teacher. Children and parents are informed concerning the school's policies in regard to the prevention and control of communicable diseases.

1929 METHODS—VS. 1937

Health education in the classroom is the primary responsibility of the teacher, but the nurse has a definite contribution to make to it. If she knows educational techniques she will be able to assist the teacher in incorporating health knowledges, habits, and skills into the curriculum easily and naturally. Why is it necessary for a school nurse to feel that she has to put on a campaign? For example, one month she wears out the children, parents, and teachers on good breakfasts! Does this type of educational procedure meet the individual needs of the children? Why is it necessary to ***campaign*** for good breakfasts when child-motivated activities are more lasting in the educational effects? In

some schools the health program is of a 1920 vintage in an educational system of 1937!

The nurse should take time to visit the classroom as an observer, to learn as much as she can about the way the teacher organizes the school day and to find out in what educational activities the children are engaged. Perhaps they are doing a unit on transportation. Are there possibilities in such a unit for health instruction? The more familiar the nurse becomes with the actual room activities the more assistance she will be to the teacher in enriching her curriculum with health content.

How many school nurses keep a file of "unit materials" to which they are able to refer the teacher on a moment's notice. There is a great deal of excellent inexpensive material available which, if the nurse has it on hand, she may lend the teacher and incidentally show her how certain health instruction may easily be incorporated into the activity which may develop. There are so many interesting activities in which the nurse may interest the teacher and children, rather than studying health from a textbook. Isn't it more worth while for students to make a study of such problems as:

- The incidence of disease in their school
- The causes of absence
- The status of immunity against diphtheria and smallpox
- The school-lighting facilities
- The need for hot lunches
- The need for a room for rest and relaxation
- An analysis of how various groups spend their 24 hours
- An investigation of hobby interests
- A study of the play and recreational facilities of the school
- An investigation of the causes of accidents within or on school property

The above list is far from exhaustive. The school nurse who has learned the technique of working with teachers will be able to assist the teacher in making use of the results of such pupil investigation as classroom health teaching material from which an attempt is made to meet the needs of the children.

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THE CAT

By DEAN SHAUGHNESSY
(aged nine)

I KNOW a cat all black and white.
I often hear him yell at night.
And once upon a summer day
I saw him hunting in the hay

And then he crept into the house
And brought along a little mouse.

Grade 4, Kershaw School
Chicago, Illinois
—*From National Parent-Teacher, July 1937*

New Ways for Old In Rural School Health

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The school nurse or classroom teacher who uses health education methods of six or eight years ago is out of step with the progress of education today, Miss Harris points out

"BUT I get results," replied the public health nurse, as she lifted portable scales, a bag of literature, an eye chart, and health examination record cards from her car. Hurriedly she entered a rural school building for her first visit of the school year.

Into the schoolroom we followed her with the unspoken query, "What kind of results?" The responses of both teacher and children gave us the answer.

With hand puppets, the nurse dramatized most skillfully a health story. How the children laughed! When the story was ended the nurse exclaimed, "Now I am sure your health club, which I started last year, is carrying on the hand-washing drill and morning inspection. Are they, Miss Huston? I brought you some new health habit charts and health books. I want every one of you to read them. Now, will every one line up, so I can weigh and measure you and test your vision?"

Within the hour that followed, the children stepped obediently upon the scales, and carefully carried out all directions given for the vision test. The health examination card for each child was checked by the nurse for immunity status. Miss Huston, the teacher of these forty-five bits of humanity, ranging from "goin' on six" to fifteen years of age, recorded on each child's health card his weight, height, and the results of vision test. Notice slips to parents were checked and placed into the hands of each child.

As the nurse departed to visit another school with scales, eye chart, a less heavy literature bag, and the health examination record cards, the voice of the teacher was heard to say, "Now, children, we shall return to the 4th grade arithmetic class."

Back to the office at the end of a very strenuous day over rough rural roads, the nurse wrote in her daily report: "Three schools visited, three health talks given, 147 children weighed, measured and vision-tested, 249 pieces of literature distributed."

WHAT KIND OF RESULTS?

This public health nurse *did* get results! Experience with public health nurses in rural areas throughout many sections of the United States and a wide study of recent annual and monthly reports show that this nurse's program of work with rural school children is duplicated many times. Through this type of program physical defects have been found and pointed out to parents. Some

of these defects have been corrected; much good has been accomplished. Yet the fact that studies show approximately the same percent (in some instances an increase) of physical defects discovered each year would seem to indicate that emphasis has been placed on finding defects, instead of preventing their development. Results? Yes, but are they the kind of results which a public health program is seeking for children in this new social order of today?

Why should a teacher turn immediately to arithmetic, without any effort to guide the children to see and understand the values of this experience with the public health nurse? The teacher appeared interested while the nurse was there. She was most coöperative.

FOLLOWING OLD PATTERNS

That teacher, like the nurse, is blindly following patterns of action which were handed down to her many years ago. She did not understand them then. She has never taken the time to question or evaluate them. She does not know how. Her college instructors—or, in the case of the nurse, hospital supervisors—gave her these crutches; told her what to do, what to think. No one guided her in *how* to think. No one helped her to understand the needs of children; how they grow and develop; how they learn. No one showed her how to make studies of those environmental factors which influence the child's growth and his learning processes. No one helped her to see the beauty and loveliness in rural life; to understand why rural children and rural families are as they are.

Not *what* to think, but *how* to think is the next step which must be taken by both the rural school teacher and the public health nurse, if they are successfully to guide the rural child toward better standards of living in this changing social order.

We must understand that the child of today is faced in the home, in the school, and in the community with wide and varied experiences to which he must make adjustments. It is the adjustment to people and events that constitutes his most lively struggles—that makes the greatest demands upon his growth patterns and character development. For such adjustments knowledge and reasoning are necessary. Blind habit formation is inadequate.

HOW DO CHILDREN LEARN?

Progressive teachers in the new schools are seeking a better understanding of the growth patterns and the learning processes of children. The child, they are finding, learns more readily from first-hand experiences—experiences in which he has opportunities to ask questions, opportunities to explore and experiment, to evaluate, and to have a part in changing the conditions found. These teachers are finding also that there are many factors which influence the learning processes of children: the child's nutritional status, his ability to see the printed page, the emotional relationship with teacher, parents, and fellow classmates.

Teachers are discovering that the grouping of children in a schoolroom, like the congregation of people in a town or city, creates health problems which may be detrimental to the best child growth and learning. In a school group communicable diseases are more easily spread. Water supply; sewage disposal; lighting, heating, and ventilation of the school building; provisions for seating; a place for play activities—all of these are involved because of our group system of public education. And yet because of this very practice of gathering together children of the community for purposes of learning, the public schools everywhere teem with opportunities for the constructive solution of many problems relating to personal and community health.

Teachers who have the newer approach to education are beginning to see

that problems of unhealthful living arise as the result of group life, and they must needs be solved coöperatively, in an educative way, by the same group. With this point of view there can never be one standard or ideal school health program equally applicable to all schools. Each individual school must build its way of living out of the material at hand and in relation to the needs of each group and each particular situation.

FINDING OUT THE WHY

It is this type of teacher who is guiding the children in the recognition and solution of problems concerned with healthful living, so that the groups may become intelligent in action, discriminating in choice, and coöperative in spirit. To this end there is coöperative planning on the part of the teacher and pupils. Difficulties, the things that interfere with the best living of the individual and the group, are honestly faced. Children are encouraged to ask questions; to find out the "why." Not what is done *for* children, but what is done *with* and *by* children, determines the educative results in the improvement of conduct. Children are taught to search through books and pamphlets for answers to their questions, to turn to recognized agencies and organizations of the community for help and guidance in the solution of their problems.

THE NURSE'S CONTRIBUTION

Based on this approach, the public health nurse becomes a coöperative worker with the classroom teacher. Together they look for the health needs of this particular group of children. Together they study how to guide children to find out for themselves. For example, the children and teacher work on the problem, "How can we use the light in our schoolroom so that we may study more easily and comfortably?" Back to their authentic reference library, made possible by the work of the nurse with parent groups, the children turn for information concerning the most effective use of light. They study the lighting arrangement in their classroom. They learn what changes are necessary and why. They make all adjustments which the available facilities permit. The nurse has been their constant consultant; she has brought to them community resources for scientifically measuring the intensity of light. She has come to them with a test and a list of observable behaviors to help them study their eyes in relation to lighting facilities. Vision testing, then, becomes not an unrelated activity which neither pupil nor teacher understands, but a meaningful experience to every member of the group.

In connection with this study of the use of light and eye health needs in the school, the teacher skillfully directs the children to find answers to such questions as: Do we have adequate facilities at home? Do we use the light properly when we are away from school? What can we do to help each other get eye defects corrected? Here again, the nurse and teacher become teamworkers. Together they plan their visits to the homes. Together they look for community resources to meet the health needs of children.

THE NURSE AS INTERPRETER

Not all teachers in the rural schools today have reached this newer approach to child learning. In such instances it becomes the duty of the public health nurse to guide these teachers to seek a better understanding of the needs of children, and she will devise ways of interpreting their needs to all teachers. Her first step in this direction is to analyze her own work in the schools in terms of the newer approach to education. The following scale, based on the old and the newer approaches to the nurse's activities in rural schools, may offer ideas for thought and serve as a guide for the evaluation of one's own activities:

ACTIVITIES OF THE PUBLIC HEALTH NURSE IN THE RURAL SCHOOLS

The Old Approach	The Newer Approach
The nurse waits for the county superintendent of schools to invite her to speak at the county teachers' meeting.	The nurse and health officer meet in conference with the county superintendent of schools several weeks before the opening of the new school year to map out an administrative plan for meeting the health problems of children and teachers. The plan is flexible for teacher-initiative and personal method.
The nurse or health officer gives a brief talk to teachers at the first teachers' meeting. "Coöperate with the health department," is the keynote of such talks.	The county superintendent presents to the teachers at their first meeting the general administrative plan (worked out with the nurse and health officer) for meeting the health needs of the children in the county. The nurse and health officer are present at this meeting.
The nurse gives a brief health talk to the teachers in a large group at monthly teachers' meeting.	The nurse, in coöperation with county superintendent, has a series of small group conferences with teachers in selected areas of the county, where together they discuss how each teacher can make an analysis of her own classroom situation and the needs of her children, such analyses to be used as a basis for planning the school health program. Faculty conferences are held in consolidated schools.
The nurse takes scales to each school.	Each school has one or more scales, purchased by parents, community groups, or school boards upon recommendation of the nurse.
The nurse weighs and measures the children, and checks "overweights" and "underweights." She records the weights on the classroom wall chart and on health cards kept in the health department office.*	The nurse guides the teacher and pupils to weigh themselves regularly each month. Each child checks his own weight on individual growth records kept at school.*
The nurse gives talks to "underweight" children about eating more food, drinking milk, etc.*	The nurse checks with the teacher, once or twice each school year, the pupils' individual growth records to find continuous excessive gain or loss of weight. The nurse sees that such pupils receive medical service.*
The nurse makes vision tests of the children's eyes, and records the results on a health card or wall chart. She fails to interpret the tests to the teachers, or to guide them in studying the behaviors of the children.	The nurse guides the teacher to work coöperatively with the children on eye health needs at school. Vision tests, interpreted and coöperatively used, become a meaningful experience to children and teachers.
The nurse talks to the children on the value of good light and proper care of the eyes, but makes no effort to change conditions found.	The nurse brings to the school recent and authoritative reference materials on eyes, and scientific instruments for measuring lighting conditions in the school. Coöperatively, the teacher, nurse, and pupils study conditions and make plans for necessary changes.
The nurse takes to each school free literature to distribute to the children each new school year.	The nurse guides the teacher and pupils in each school to establish a permanent library of reference materials on health problems, carefully filed and indexed by the children.

*For a discussion of the values and methods of weighing in school, see "Present Trends in Health Education," by Dr. C. E. Turner, p. 499.

The Old Approach	The Newer Approach
The nurse takes to the school each year a similar package of free literature.	The nurse takes to the school each year any new or revised editions of last year's reference materials, and encourages teachers and children to apply to the county health department for reference material. Specific health problems are studied in the school.
The nurse gives a talk or demonstration to the children on the value of first aid to injured.	The nurse works out with the teachers a plan for guiding the children or parents to provide a first aid kit for each school, and to set up a plan for first aid at the school, to be administered by the children themselves.
The nurse gives a talk, or tells a story to the children on safety education. She suggests methods and devices for teaching safety.	The nurse encourages the teachers in group conferences, or individually, to guide the children to study accident hazards in and about the school, in the home, and in the community, and to study ways of removing or avoiding such hazards.
The nurse accompanies the examining physician* and makes arrangements for health examinations given hurriedly to all children in the school each year. The teachers may or may not be notified in advance.	The nurse works with the teachers, on a previously planned schedule of the examining physician,* to get the children mentally ready for the health examination by studying the value and importance of such an examination. The same preparatory steps are taken if part or all of the children are to be examined by their family physician
The nurse or teacher sends a formal notice home by the child to ask his parents to be present at the school health examination.	Previous to the examination date, the nurse and teacher look over the continuous health record cards of all the children. Together they decide which parents should be especially encouraged to come to the school for conference with the examining physician.* Plans are made for either the teacher or the nurse to visit such families before the examination date. (Of course all parents are invited to the examinations.) Conditions found are discussed with examining physician before this examination.
The nurse sends a formal notice home to the parents who were not present at the child's examination to inform them of defects discovered.	The nurse and teacher look over the results of the health examinations of those children whose parents were not present at the examination and also those who are unable to pay for the defects discovered. Together, the teacher and nurse make plans for visiting these parents and studying community resources for the correction of defects.
The nurse gives a talk to the children about defects found.	The nurse guides the teacher and children to study the causes of any defects found this year, and set up plans for preventing similar defects in the future.
The nurse works out a contest, device, club, or method for checking health habits, or working on health problems in the school.	The nurse guides the teacher to become sensitive to the health needs of children; points out facts relating to specific problems in the

*The examining physician may be the health officer, the school physician, or a local physician who is doing the school health examinations. The trend today in many places is for the family physician to make the examination in his office, frequently using a record form provided by the school.

The Old Approach	The Newer Approach
	school, home, or community; encourages continuous study to understand the learning and growth processes of children; and leaves the teacher to her own methodology.
The nurse seldom reads a professional book or magazine, and never a book or article on the learning processes of children or adults.	The nurse subscribes to her own professional magazine; has access to a medical library, which she uses constantly; reads references and attends conferences on general education in order that she may be a more effective educational adviser and guide.

When the public health nurse and the classroom teacher focus their attention upon the needs of children, unrelated health talks, health stories, blue ribbon contests, drills, health clubs, health habits charts, and formal morning inspections will appear in their true light—tinkling cymbals to catch the attention, or crutches used by those teachers and health workers who have little or no understanding of the learning processes or growth patterns of children. The thinking public health nurse will not continue to supply these crutches to teachers. She will see that it is the function of the nurse to guide teachers to discard artificiality and meet the vital health needs of children.

The public health nurse or classroom teacher who works with children by continuing the use of methods started six or eight years ago is out of step with the progress of education today. New ways of thinking and new modes of action are demanded in our present-day society which has become sensitive to human needs. And so the next steps for the public health nurse in rural school health education become:

How to think, rather than *what* to think.

How to stimulate school authorities to build a healthful curriculum to meet the needs of all children, rather than *what* program of health education is to be used in rural schools.

How to work coöperatively with teachers, parents, and the community to discover the health needs of children, rather than *what* to do in the schoolroom.

How to guide children to find things out for themselves, rather than *what* to tell children.

How to find the next steps, rather than *what* are the next steps.

How to evaluate the results, rather than *what* are the results.

REFERENCES

A list of references which may guide the public health nurse to better understand the newer approach to education and the learning processes of children:

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"How Would You Answer These?"—the maternity questions—are omitted from this issue as having no place in a school and preschool number, but will be found in the October PUBLIC HEALTH NURSING.

The Nurse-of-the-Month series will be brought to a conclusion with a final story in the near future.

The Nurse in the Prevention of Delinquency

By GLEE L. HASTINGS
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The public health nurse sees the child's problems at the stage when it is still comparatively easy to correct faulty conditions and redirect activities. Herein lies her unique opportunity

THE IMPORTANCE of preventive work with young children has been emphasized in the field of mental hygiene and child health supervision, as being not only more economical but also more constructive than later efforts involving correction and cure. The public health nurse is often the first outside influence that comes into a home, the first trained professional worker who has the opportunity to observe the temper outbursts of the toddler, the fears and excessive shyness of the slightly older child, or the apparent retardation of the five-year-old. The nurse has, therefore, unique opportunities for preventive work. The extent of this opportunity may be realized when an analysis is made of the number of contacts with boys in the homes which the nurses in a public health nursing agency have over a period of time. In the five-year period from 1932 up to and including the year 1936, the nurses of the Henry Street Visiting Nurse Service had contact with 28,420 boys in their homes. Of these, 18,674 were little boys ranging in age from one to six years; 9,746 were from six to sixteen years of age. (See Table I.)

TABLE I

Number of Boys of the Ages 1-16 Years Cared for by the Henry Street Visiting Nurse Service, New York, N. Y., for the Five-Year Period, 1932-1936

Year	Total	Years (1-5)	Years (6-16)
1932	4,110	2,285	1,825
1933	5,842	3,812	2,030
1934	5,469	3,542	1,927
1935	6,473	4,527	1,946
1936	6,526	4,508	2,018
Total— 5-year period	28,420	18,674	9,746

The nurse knows the importance of noting the first signs of undesirable behavior on the part of the very young child. She realizes that such symptoms, if unchecked, usually grow worse instead of better as the child becomes older; in many instances the child's difficulties indicate faulty home and environmental conditions which might be corrected or at least modified to a certain extent. Interesting parents in the better understanding and guidance of their children, fostering the establishment of more congenial family relationships, helping correct the home conditions which encourage behavior difficulties of children—these are as much a part of the public health nurse's work as the giving of skilled bedside care in cases of acute illness.

As a child grows older, one may say that the school is responsible for doing something about the boy who plays truant and refuses to do his home-work. Still later, when an irate neighbor has made a complaint against a boy for breaking windows, or a grocer has accused him of stealing some canned goods, it may well be the children's court worker or the secretary of the boys'

club who should undertake the task of supervising the boy who stays out late at night and loafs around street corners. In *New Light on Delinquency and Its Treatment*, a recently published record of a study made by the Yale Institute of Human Relations of groups of delinquent children in three large cities, Dr. William Healy and Augusta Bronner state that the modal age for delinquency was found to be between twelve and fourteen years, but that in 48 percent of the cases the first known delinquency occurred at eight years or earlier.* The public health nurse, then, who interests herself in helping parents build up desirable habits and good personality traits in their very young children is in on the ground floor of the prevention of delinquency.

It is not only in the preschool period that the nurse is an effective worker with boys. In the course of her contacts with families in their own homes, she meets many a growing boy who needs friendly help and encouragement and many a puzzled and troubled parent who asks her advice and guidance. Parents who live in crowded, sordid neighborhoods where the children are brought into constant association with undesirable elements of the community and where recreational possibilities are definitely limited by the emptiness of the family purse have an especially hard problem to solve. The public health nurse should have at her fingertips information about clubs and about interesting free classes and courses given in connection with settlement houses, churches, schools, and other neighborhood organizations. Based on her knowledge of family relationships she talks over a boy's problem with parents who have complained of his behavior and expressed something of their own frustration and bewilderment. In addition, the nurse knows the importance of being friendly and non-critical in her attitude so that she gains the liking and respect of the child himself. The recognized interest that the nurse has in the physical health of the child constitutes an easy and natural approach to his behavior difficulties. The nurse realizes how closely physical illness or defect may be tied up with undesirable or antisocial behavior.

*Healy, William, and Bronner, Augusta. New Light on Delinquency and Its Treatment. Yale University Press, New Haven, 1936, p. 37.

THE NURSE AND THE ADOLESCENT

We do not think of long-continued supervision of the difficult adolescent child as being the responsibility of the public health nurse, for that demands expert psychiatric study and treatment, but it is one of the functions of the nurse to recognize cases needing skilled attention and see that such children are steered to the proper course of treatment. Here again, the nurse's intimate knowledge of the homes in her area and the confidence mothers and fathers feel in her guidance is a matter of importance. On the other hand, there are frequently less complicated situations where referral to a specialist may not be indicated but where the nurse may employ her own knowledge of the principles of human behavior and of family relationships and use the neighborhood resources with very good results. The following story describes what one visiting nurse was able to do for a thirteen-year-old boy whose mother was receiving postpartum visits from the nurse:

George, a thin, undernourished boy of thirteen, was fast becoming very sullen and impudent both at home and in school. At school he refused to study, failed in all of his subjects, and was left to repeat his grade. He played truant frequently. At home he was irritable, disagreeable, and disobedient.

The nurse called to see the new baby in the family, and after the visit the mother asked for advice about her son. She said he was the oldest of nine children and she had always been able to depend upon him. She gave him the care of four little boys and one girl. As

soon as he came in from school he was supposed to take the children to the playground. His mother said he had always accepted this responsibility until last spring when he had repeatedly rebelled. When he was forced to take the children he was unkind to them, teased them, and sent them home crying. When he came home his mother would whip him and send him to bed. She said this punishment did no good as he became sullen and was impudent to her. Then she would have his father whip him "until he bellered good." No amount of punishment helped.

Not knowing what to do with the boy, the mother asked the nurse for help. The nurse discussed some of the common problems of adolescence with the mother, suggested a little less responsibility, more appreciation, and no more beatings. The mother had not realized her boy was growing up and could see no reason for lessening his responsibility for the younger children as she had no one else to help her and she did not want the children in the street. Why shouldn't he enjoy taking five little Pertellos along whenever he went out to play ball?

Shortly after this talk an invitation was secured by the nurse for George to go to a summer camp. Dubiously, his parents gave their consent. After two weeks the nurse received a letter from the camp saying that George was to stay another two weeks. In the end he stayed all summer, and was made junior counselor and voted by the other campers as "best all around sport." When he came home he looked like a different child; he had gained seventeen pounds.

The nurse discussed additional plans with the mother and father. She arranged for George and his young brothers to join different boys' clubs at a neighborhood settlement. George was made responsible for bringing the little boys to the settlement and for taking them home. This he did willingly and cheerfully, even with pride.

Six months have passed. The club leaders at the settlement give George very good reports, and his school teacher has noted improvement both in work and in conduct. At home he is steady, willing, and cheerful—a totally different picture from the unhappy and misunderstood boy of half a year ago.

Rocco Morino, a boy of fourteen, is the oldest of eight children in a very poor family. One younger brother is badly crippled, and another is totally blind. Rocco's mother complained to the public health nurse of the boy's behavior. She said that he played truant regularly, was failing in his school work, and that he went with a gang of boys who were malicious mischief-makers. The nurse suggested that possibly Rocco would like to join the Boy Scouts, and thus have some good times away from the gang. Mrs. Morino, who was quite intelligent in spite of her limited educational background, approved of this suggestion and allowed Rocco to join the Scouts, depriving herself to contribute the small weekly fee for his dues. Every little amount meant a great deal to this family, which had depended on home relief for four years.

Rocco liked the Scout activities and shortly after he had joined the troup himself he persuaded the leader of his old gang to join, with the result that not only the leader but three other boys in the same mischievous group became Boy Scouts. Rocco himself made an excellent adjustment. He usually stayed home evenings and did his homework. He was eager to do his "good deed" each day so that he became very useful at home, helping his mother and supervising the play of his younger brothers. This last fall Rocco attended the troop meetings several times and then stopped going, giving as his reason that he could not continue attending if he did not have a proper Scout uniform. Through the efforts of the nurse, money from a special fund was secured for a full Scout uniform. At the present time Rocco is an ardent Scout member. Mr. O'Grady, the Scoutmaster, states that he is one of his most satisfactory and most active members.

Another type of boy with whom the nurse is well acquainted, and who may very easily run amuck if someone does not come to his rescue, is the crippled

child, or the one who has defective hearing or faulty vision, or the boy who is simply too fat or too tall or in some way different from the other children who live in his block and go to his school; such a child is definitely in danger of developing personality difficulties. Any physical handicap that singles him out from other children may result in the formation of seclusive, antisocial traits, malicious, self-assertive attitudes, or other compensatory or show-off behavior. The normal child needs considerable approbation and a confident feeling of being secure in all his relationships, both in and out of the home. If a boy cannot, on account of some defect or disability, find such satisfactions readily he tends to withdraw and thus protect himself from hurts or to become self-defensive and belligerent. In some instances the boy's maladjustment is fostered by unwise handling on the part of well meaning but non-understanding parents. The child may have been resented, over-protected, teased and humiliated, or exposed to other unwholesome family attitudes. His reaction may be a feeling of being inferior and unwanted, resulting in excessive shyness, or, in the other direction, in hyperactivity and open rebellion, expressed first in the home and transferred from there to the school and the outside world.

Public health nurses meet many boys who are not definitely deformed but who are enough different from other children in appearance so that they need special consideration and their parents need special guidance. Take Charlie, a ten-year-old fat boy, for example:

Charlie is a ten-year-old boy of Irish parentage who has grown too much. The nurse noticed Charlie when she went into the McGinnis home to give antepartum care to Charlie's mother. Mrs. McGinnis, who had had considerable experience in having babies, was more concerned in talking with the nurse about Charlie than she was in discussing antepartum care for herself. She complained that Charlie "just mooned around" all the time, that he never wanted to go out and play on the street the way a regular boy should, and that occasionally he acted "very stubborn and mean" and was "ugly" with his young brothers and sisters. In school he got along very well. He was in the 5A grade in the parochial school, and the Sisters had no complaint to make about his behavior.

One good look at Charlie was enough to suggest to the nurse what might be wrong with Charlie's disposition. He was the typical overgrown fat boy. As his mother talked on about him, the nurse could see him squirm uncomfortably, although he continued to keep his eyes on the adventure magazine he was reading. The nurse asked Charlie if he would be willing to come to her office after school some afternoon to talk with her, and he shyly agreed that he would keep an appointment. The result of the conference between the nurse and Charlie was that he was referred to a large hospital not far away where there was an especially good endocrine clinic. The doctor advised that Charlie needed glandular treatment, a reducing diet, and social therapy. Charlie liked the doctor and he did want to be thinner. He told the nurse how much he wanted to get thin so he could play baseball with the other boys in the play block near his home. No one ever selected him for "their side" now because he was too slow and couldn't run for bases.

The hospital agreed to furnish free clinic admission and to provide the necessary medication, but the diet proved a stumbling block. Mrs. McGinnis said she couldn't possibly afford to buy extra meat and fresh fruits and vegetables for Charlie. The family had been on relief for over two years and he would have to eat just the same food the other children had. So the nurse had a personal interview with the local supervisor of home relief and explained the importance of Charlie being able to carry out the doctor's orders about diet. The supervisor agreed to supplement the McGinnis allowance sufficiently to take care of Charlie's needs, provided the nurse

would keep an eye on the situation and make sure that the extra money really went for the diet.

This has been done. Mrs. McGinnis has been careful about preparing the proper meals for Charlie and he has shown more determination than most adults in the way he has followed orders. In two months' time Charlie was down from 118 pounds to 96, and a month later he tipped the scales at 90. He has kept every appointment at the hospital.

In the meantime, the nurse started on the social therapy advised by the doctor. She interested Charlie in joining the boys' club conducted by a local church. The club members had access to a swimming pool, and frequently went off on long hikes with their leader. Charlie liked the club immensely, but he was more pleased when the neighborhood gang asked him to see what he could do at third base. By the time the new McGinnis baby arrived, Mrs. McGinnis was all smiles when she spoke of her eldest son, and credited the nurse with having made a different boy of him.

SUMMARY

Public health nurses have an important rôle to fill in contributing to the prevention of delinquency in children.

1. The nurse is a valuable worker in the field of parent-education, in helping parents understand their children better, and in encouraging the development of desirable behavior patterns rather than the formation of destructive ones.

2. The nurse is frequently the first outside professional worker who has contact with a home and who has the opportunity to recognize beginning symptoms of later difficulties. She sees the problem while it is still comparatively easy to correct faulty conditions and redirect activities.

3. The nurse has contacts with many adolescent boys, and because of her friendly visits in their home both the boys and their parents are willing to talk things over with the nurse and consider her suggestions.

4. The nurse knows and uses the neighborhood and community resources, which are especially helpful in working out the problems of boys.

5. The nurse is in an advantageous position to help the "different" or handicapped child who is developing anti-social traits.

Tidiness is our joy
Gaily we wash
Neck, ears, eyes, and mouth
Hands, face, and all the rest
Now we can be with other people
Nobody can criticize us.

Silhouettes like these, with accompanying verses, are used by Finnish public health nurses in connection with their work. They are printed in attractive colors as well, and used as postcards.

These and others which we hope to publish from time to time were sent to us by Kyllikki Pohjala, Helsinki, Finnland.

Health Explorations of Eighth Grade Children

By GEORGIA YORK
Teacher, Ann J. Kellogg School, Battle Creek, Michigan

The fascinating activities which these junior-high-age children pursued in the field of health grew out of their own interests, experiences, and problems

IT SEEMS an almost impossible task to interest boys and girls in health education when it is presented as a single class in physiology, hygiene, sanitation, or any similar title. The material appears to be dry and impractical from the standpoint of their own needs and interests. With this problem in mind I will describe a worth-while activity carried on by a group of especially bright eighth grade children.

When the group met to discuss plans for their work in social studies, several expressed the opinion that they would like to explore some field entirely new and different from any studied before. This thought led to a discussion concerning the fields of human endeavor that had made great progress in the last few decades. Our school being situated under the shadow of a large hospital, several members of the class had relatives engaged in the medical profession; and so medicine was mentioned. Hoping to stimulate an interest in this field I read a story about Louis Pasteur. During this week of planning two boys found the skeleton of a dog which they brought to school. This contribution decided the issue and a study of the evolution of medicine found instant favor with a majority of the class who set about to find out what phase of the subject they had a special interest in.

A work demonstration program was carried on. Each child selected his own problem and planned his own time and manner of presenting his findings to the group. The exhibit became very popular and offered an opportunity for artistic expression. Each child kept a scrapbook with a record of his work. As these children spent a half day with one teacher it was possible to budget the time as the child found necessary, providing ample time for field trips.

The interests were as varied as one could hope for. Several boys selected bones for their first topic. Meat markets were visited, excursions made to unknown haunts, and in a short time bones of all sizes were labeled and placed upon shelves. Bone composition, number, and use were explored. A trip was made to a nearby college science room where a student helper gave a demonstration talk with a skeleton and answered the questions of the children. How did the bones of prehistoric men compare with ours of today? This became a question out of which grew research about early man. The boys decided to model in clay the heads of some early people. They were well acquainted with the Piltdown, Cro-Magnon, Heidelberg, and Neanderthal man before they had finished.

The Boy Scouts and Service Squad* members were naturally interested in safety as a problem. They gathered

*A junior traffic squad.

material from a national automobile association, from their scout manuals, safety magazines, and pamphlets. Artificial respiration, bandaging, and what to do in case of certain common accidents were studied. An exhibit was made on a large sheet of beaverboard so that it could be moved about easily. Securing the permission and coöperation of the teachers of some lower grades, this group planned and carried on a safety education program. In order to do this the scoutmaster was interviewed and the school nurse was called in often to help. These boys became very interested and skilful in first aid and later enjoyed the opportunity of putting into actual practice their knowledge. The school nurse was absent from the building for a period of several weeks during which time a first aid station was set up in the room and minor cuts and bruises cared for.

In visiting the various rooms about the building in connection with the safety campaign, the untidy appearance of some of the children was noticed and mentioned. This was discussed in the group and suggestions made as to how we could help. Having the necessary equipment for showers and baths, it was decided to organize a regular shower program under the supervision of the older boys and girls. In order to make the shower rooms more desirable, a consultation was held with the sanitary engineer in our Kellogg Foundation unit.* The janitors were called upon to arrange for the use of materials, and one afternoon a group of boys put on their old clothes and scrubbed the shower and locker rooms. The younger children cared for and supervised by these older boys and girls became very friendly and later came to our room with little problems of personal appearance such as chapped hands or a leather belt that needed shortening.

All children have their experiences with disease, and a study of this topic became very popular. Two girls studied the common cold and explained its many harmful effects, emphasizing the hazard of taking advertised cold remedies without the advice of a physician. They sent to the State Department of Health for material and charts showing the death rates and the diseases that caused them. A series of pamphlets called "Health Heroes," put out by the Metropolitan Life Insurance Company proved very readable. The children's interest led them into a study of malaria, pellagra, leprosy, and other diseases which are less common in our part of the country. The children who had selected nursing and health heroes as a topic had a great deal of discussion in common concerning diseases and the lives of such people as Koch, Reed, Trudeau, and others. When the time came for the group who had studied nursing to present their material they invited the director of health education to tell them about the profession of nursing and about the Florence Nightingale Hospital in London.

STUDY OF DRUGS

Boys are fascinated with drugs, and four of them prepared a very attractive exhibit. This group visited a factory where the process of decaffeinization was shown them and explained in detail. A follow-up trip to a soft-drink plant was made to investigate how much caffeine is used in its manufacture. Stimulants, sedatives, antiseptics, and anesthetics were explored. The help of the school nurse and various local physicians was used in many instances. A sign to "Beware of Drugs" unless taken under a physician's advice was placed in their exhibit. Out of this experience there developed a wideawake interest in fads and quackeries. We were able to secure many books from the Kellogg Foundation library and among those read on this topic were *Devils, Drugs and Doctors* by Haggard[1] and *Fads and Quackeries in Healing* by Fishbein.[2]

The microscope became the constant

*The W. K. Kellogg Foundation.

companion of several who enjoyed performing simple experiments. They called their exhibit "bacteria." A book was secured about the use of the microscope and the science teacher assisted in their first experiments. Fortunately at this time a local theatre was showing "The Life of Louis Pasteur." The whole class attended one afternoon and it proved an excellent stimulation to their work. Harmful and harmless kinds of bacteria were studied, and one girl mentions in her bibliography that she used the following books: *Bacteriology of the Home* by Johnson,[3] *Story of Germ Life* by Conn,[4] and *Bacteriology for Nurses* by Smeeton.[5]

INTERESTS OF ADOLESCENTS

Children of this age, especially girls, are interested in appearance and personality. The prospect of high school just ahead stirs a desire to know how to be well groomed. "The Clock Around" was the novel exhibit title chosen by two girls, who prepared large clocks upon which they demonstrated by means of pictures the correct attire for the day. Colors for certain types of individuals, and care of the hair, hands, and feet evolved. Charts showing foot defects and corrections were obtained from a nationally known shoe company. Two helpful books used in this study were *Girl Today, The Woman Tomorrow* by Hunter[6] and *Boy and His Daily Living* by Burnham.[7] Later, the girls built a shop in which they showed modern tendencies in styles. Etiquette was a very popular topic. The entire group planned a spring tea for their mothers and teachers which provided actual introductions and social experiences.

The class became eye health-minded through an exhibit named "Our Windows." The group studying this topic invited a lighting engineer to talk about correct lighting. He brought along a foot-candle meter and left it for a couple of weeks. With this instrument the light in all parts of the building was tested. Posters were made about eye care and safety. It so happened that at this time the father of one of the boys was badly burned by electricity. His eyes were saved because he was wearing goggles. This incident helped to emphasize eye safety in a marked way. The structure of the eye was explored by three girls who secured pigs' eyes, and with the help of the sight-saving teacher and nurse dissected them. Finally these girls assisted the nurse in giving visual acuity tests to the entire group. As a result of this study of eyes, one boy whose need was urgent, but previously undiscovered, had his eyes tested and fitted with glasses.

"Our mind" was the rather unusual interest of one girl who read *A Mind that Found Itself* by *Clifford Beers*,[8] and several elementary books on psychology. She interviewed the school psychologist and invited him to talk to the class about how the mind works, and mental diseases. As an outgrowth of this talk several children asked for material concerning the social diseases. With the advice of the nurse some well chosen reading on the subject was placed in their hands.

A local dentist became interested in the work several boys were doing in that field. He supplied charts and models, and finally came to school for an hour to participate in a round-table discussion the group held on the whole subject of dentistry.

Two members of the class were children with orthopedic handicaps who because of their experiences chose to study the therapy family. They were able to consult a physical therapy technician and to see at first hand the equipment used in a physical therapy room. The opportunities open in the field of occupational therapy were thoughtfully gone over and deductions made as to the future possibilities open in that field.

When it came our turn to present an assembly program it was decided to

write a play based upon our study in medicine. The result was "Bright Torches," a three-act drama depicting the life of Pasteur and other scientists.

With the school nurse we made an afternoon's trip through a local hospital where we were given short lectures in the x-ray and bacteriology departments. From time to time discussions were held concerning the evolution of medicine. Often I read stories or articles relating the progress in various fields of ancient and modern medicine. Local physicians, dentists, and nurses were exceedingly helpful with short talks, demonstrations, and contributions of material.

The keen interest and originality shown by the children in this work proved the many lead-on possibilities which the field of medical science offered. The entire activity was one of the most worth-while studies we have carried on and was a genuine pleasure to all who participated.

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Children Tell of Their Health Studies

These interesting letters were written by the eighth-grade children at the Ann J. Kellogg School in Battle Creek, Michigan,* to their former school nurse, Lulu St. Clair—who is now Executive Secretary of the Joint Committee on Community Nursing Service. The letters give a picture of some of the school health projects which the children undertake; what sources of information they use; and how the studies are interrelated with the other health activities of the school.

The letters were written on the children's own initiative, and were not intended for publication. They are being published with the permission of Miss St. Clair and Miss York, their teacher.

Dear Miss St. Clair:

This semester, Margaret, Sophie and I are studying the eyes. We call our exhibit *Our Windows*. We have diagrams showing nearsighted and farsighted eyes, also showing the correction with concave and convex lenses. The purpose of our project is to teach people to take better care of their eyes. We have simplified our talks to the level of first and second graders and talked to them. Mr. Adams [sanitary engineer] came here and brought his foot-candle meter. We tested the light and found it to be very satisfactory in the grade rooms as well as in our own.

Sincerely yours,
JEAN KRUGH

. . . .

Dear Miss St. Clair:

We have been studying the "receiving set," including the ear, lip-reading, and the nervous system. We have made a few diagrams on the nervous system. We have also done research work on the structure of the ear, the care of the ear,

*See "Explorations in Health of Eighth-Grade Children," by Georgia York, p. 517.

and the three different sections of the nervous system—which are the central, peripheral, and the sympathetic. "New Ears for Old," by Rupert Hughes, is one of the very interesting articles we obtained from the *Readers Digest** to put in our exhibit. This week we are going to assist Miss Tappan [school nurse] with the 4A audiometer testing apparatus.

Sincerely yours,
MARGARET BOHN
BILLIE JUDD

. . . .

Dear Miss St. Clair:

Last year when you were here, I was studying "doctors and diseases" as my social science project. I became very interested in the study of doctors so I am continuing the work this term. Frances Kerwin and I are working together. We have based our work on the French discoverer of radium, Madame Curie, and have named our exhibit *Le Médecin,* which in the American language means *the doctor.* In my study of *Le Médecin* I am also including nursing. I wrote to the University of Michigan and received some excellent information from Marion Durell, who is the director of nurses there. Before now I have not had any definite idea as to what occupation I would like to follow when I am older. But now I think I would like to become a nurse in the operating room or in the surgery department of some large, well known hospital. I would prefer this work in a naval hospital as I wish to become a Navy nurse. I hope this kind of work will fit my personality. I remain

Sincerely yours,
VIRGINIA BENHAM

. . . .

Dear Miss St. Clair:

We have taken up the study of dentistry. We had a round-table discussion and Dr. Freeman [local dentist] came. We gave our talk, then he talked to us on dentistry.

We have dentists' drills and a set of false teeth. We obtained some teeth from Dr. Freeman. He cut one in half to show the inner part of the tooth. One half we put in a jar of vinegar to show what acid will do to a tooth. We also have pictures showing different teeth and a picture showing how to brush the teeth. We have a lot of pictures but cannot tell you about them all.

Yours truly,
LAVERN WILSON
HERBERT SOOTSMAN
BILLY KIRKLAND
CURTIS RICE

. . . .

Dear Miss St. Clair:

We have taken up the therapy family this year, which includes light therapy, physiotherapy, occupational therapy, heliotherapy, and others. We find it very interesting and very different from anything else.

It is a very hard subject to find anything on in the library so Miss Murphy [school physiotherapist] is helping us by lending us her *Physiotherapy Reviews* which are very helpful. She is also letting us visit her to get reports on the equipment of our school. We are also taking up the different diseases, such as infantile paralysis. We are also taking up the birth-injured or the "spastics."

Sincerely yours,
MARGARET BRADY
JUNE MILLER

. . . .

Dear Miss St. Clair:

Frances Utley and I have been studying bacteria. We have found that they are in three main shapes. They are compared with billiard balls, lead pencils, and corkscrews. They are spherical, rod-shaped, and spiral. We also have the pictures of three famous men that we are studying about with the study of bacteria. Their names are Leeuwenhoek, Pasteur, and Lister.

Sincerely yours,
DOROTHY STOCK
FRANCES UTLEY

*Hughes, Rupert. New Ears for Old. *Readers Digest.* March 1935.

School Nursing—Yesterday and Today

By LULA P. DILWORTH, R.N.
Associate in Health and Safety Education, Department of Public Instruction, State of New Jersey, Trenton, New Jersey

We are given a glimpse into the past and into the future of school nursing in this discussion of trends which affect it today

WHEN GOOD school nursing of today is compared with school nursing as practiced three decades ago, progress is noted in the organization of the service, the preparation of the nurses, the activities selected for major emphasis, and the coordination of school and community efforts. In early approaches, school nursing was a service somewhat detached from the remainder of the school experience, with major responsibility for its operation delegated to the nurse. The pioneer school nurse was a graduate, registered nurse with no additional training; however, she had such far-reaching vision and insight that not all of her goals have yet been attained. Attention of necessity centered upon treatment of skin infections, control of communicable diseases, improvement in the simplest fundamentals of personal hygiene, administration of first aid treatments, social welfare work for indigent pupils, promotion of school clinics, and visits to parents in their homes to secure coöperation in having physical defects corrected.

Today school health is recognized as an integral part of school experience, and the nurse is regarded as a health counselor who coördinates her work with that of the teacher, the parent, and others interested in the health of the child. In addition to high-school graduation and graduation from an accredited school of nursing, the school nurse needs special preparation in public health nursing. Educational aspects of school nursing are receiving an increasing amount of emphasis. Families are encouraged to share in planning for remedial work and health promotion. Attention is focused on discovering community facilities in order that they may be used advantageously. And last, but of real significance, the nurse is fulfilling her function as a connecting link between home, school, and community—while assuming no duty which rightfully belongs to another or can be carried on better by another. Although a complete transition from the old to the new type of service lies in the future, considerable advancement has been made.

TRENDS AFFECTING SCHOOL NURSING

Nine trends in health and social welfare may be useful in determining just where to place emphasis in school nursing today:

1. *The acceptance of the family as the unit for all health work.*

We now work with the family unit of which the child is a part instead of with the individual school child. It is helpful to remember that parents entrust their children to the school for that portion of their education which neither home nor community is equipped to give. The child remains a part of the family, and his problems and needs are

inextricably interwoven with the entire family situation.

One school has attempted to carry out this principle of family health work more adequately by arranging for health examinations on a family basis rather than by grades.

2. *Development of a better understanding of human behavior.*

How well do we as school nurses understand human behavior? Do we pass judgment more frequently than we make an effort to discover the underlying causes for behavior? I am afraid the answer is *yes*. The application of the principles of mental hygiene to human relationships is comparatively new. However, in order for our work to be effective we must have a real desire to appreciate the problem with which the child is faced. Opportunities for increasing our knowledge of human behavior and human relationships are available through institutes, extension courses, and other forms of study and conferences.

3. *Coördination of all health services in the community.*

Does the school health service dovetail and work in close coördination with the other agencies—or is there overlapping and duplication of work in the community? The family should be served by the agency which is best fitted to give the service which is needed, and the one which is charged with the responsibility for such service. The recent expansion in social welfare, including relief activities, has given an unprecedented impetus to coördination; it has eliminated our familiar alibi for many unorthodox activities, "There is no community agency to do the job." The full possibilities of school nursing may be realized only insofar as an effective plan of coördination in the community is achieved.

4. *An active and intelligent awareness on the part of every nurse in regard to all problems of nursing.*

Each group of nurses has been fairly well limited by the boundaries of its own specific interests in the past. This has been true of the school nurse, the private duty nurse, the visiting nurse, and, even to some degree, of what has been termed "the generalized public health nurse." All barriers should be broken down and each service recognized in the light of its peculiar contribution to society. Certainly every nurse should be equipped to give vocational information on the various phases of nursing.

5. *Close working relationships between the nurse and members of other professional groups with similar aims, such as teachers and social workers.*

Probably stronger ties have been established between the nurse and the teacher than with representatives of organizations outside of the school. As we became aware of the close relationship the teacher has with the pupil, the teacher's responsibility for the child, and his opportunity to promote the total welfare of the child, this tremendous asset was put to work. No longer do we feel we are shirking responsibility or losing prestige by encouraging the teacher to do that which cannot be effectively done without his active participation. This same principle applies to relationships with every other individual who carries community welfare responsibilities.

6. *A clear-cut conception of our own program, and the ability to state in simple terms its place in the general campaign for human welfare.*

School nursing cannot be as clearly defined and simply stated as can other phases of education. Dr. Edith S. Bryan says, "The establishment of a program of public health service in the schools is still in part a matter of trial

and error. The accepted routine has not yet been perfected. . . . The position of the public health nurse in the school is not yet so clearly defined as to be as universally accepted as is that of the teacher."[1] However, a careful analysis of this experimental and evolving service in relation to the school—a social institution which is also continually changing, as it endeavors to assist children in adjusting to the social order of the day—will enable us to appreciate more fully what school nursing has to offer by way of education.

7. *A more comprehensive appreciation of eugenics as a factor in public health.*

Dr. Paul Popenoe in an address at the 1936 Biennial Convention of the three national nursing organizations said, "Sound families must be made up of sound people, healthy and vigorous not only physically but likewise in intellect and emotions. Unless culture favors such families, it cannot survive."[2]

A board member at the same meeting made the statement that ". . . until the taxpayers and parents are in sympathy with some of the newer principles of education, our schools cannot give the instruction which helps to safeguard the health of the young people and to facilitate their making a success out of marriage and parenthood."[3]

8. *An increase in lay participation in school nursing.*

In reality, school nursing is supported considerably more by the laity than appears on the surface. Members of boards of education with a few exceptions are lay persons, without whose sanction there would be no school nursing. Parent-teacher associations are a lay group actively associated with the schools. Except for these two groups, lay interest is somewhat sketchy, and is all too seldom secured only for help with some temporary project. In certain states, school nursing sections of state organizations for public health nursing are making drives for lay members. Members are being recruited from boards of education, administrators, teachers, county superintendents, social welfare workers, parents, and other groups. Probably only a trend toward lay participation in school nursing has been developed so far in local communities, but such participation is available everywhere and is to be had for the asking.

9. *More adequate initial preparation for the nurse, followed by sufficient education on the job to keep abreast of the times.*

Studies continue to show that the school nurse is less well prepared for her job than are public health nurses employed by other agencies. A contributing factor, of course, is the lack of school nurse supervision by a qualified public health nurse. Fortunately many school nurses selected for sentimental or other reasons appreciate the need for more preparation and have the determination to get it. Since the work of the nurse and of the teacher are so closely interrelated, the general education of the nurse of necessity should be on a par with that of the teachers; and the nurse's professional training should be adequate for the motivation and direction of a comprehensive program in school nursing.

It is safe to predict that the school nursing of tomorrow will be characterized more and more by the nine trends set forth above, with a corresponding increase in educational content, and the evolution of the nurse as a health educator. That the school nurse is an important factor in education is set forth convincingly in the following quotation; although the statement was made in 1910 it is equally true today:

"While acknowledging the control of the medical officers in everything that

pertains to diagnosis and individual treatment, I wish to show that the nurse has a field here which is peculiarly her own; that she accomplishes through her personal contact with the child and the home something which has not yet been accomplished in other ways; that she is a social, an educational, and an economic factor of great significance in this movement; and that an extension of her work would greatly increase the efficiency of the public school."[4]

A beloved pioneer in public health nursing, Mary S. Gardner, says, "The school nurse is already a vital part of one of the most important of our national institutions. Through her work American children are physically fitted to make use of the education that in its turn fits them for the responsibilities of citizenship. May she long play her part in making of the American school an institution where bodies as well as brains are developed for a life of usefulness."[5]

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THE A.P.H.A. CONVENTION

IN AUGUST we published the complete scientific program of the A.P.H.A. Convention in which the N.O.P.H.N. is participating.* The Convention is to be held in New York during the week of October 3.

As you will recall the N.O.P.H.N. will hold a Silver Jubilee Dinner Monday evening, October 4, at which Dr. Thomas Parran will speak on "Public Health Nursing Marches On." The historical pageant which was given by the New York S.O.P.H.N. at the Conference of Health Officers and Public Health Nurses in Saratoga** on June 23 is to be repeated at this dinner meeting with Mrs. Anne L. Hansen of Buffalo, N. Y., again reading the script, which will be published in the October PUBLIC HEALTH NURSING.

The program for the meetings contains many events which will be of interest to nurses and lay members in addition to those listed in the outline previously published. For example, the Tuesday and Thursday evening meetings are especially important. On Thursday Herbert H. Lehman, Governor of New York State, F. H. LaGuardia, Mayor of the City of New York, Edward S. Godfrey, M.D., Commissioner of Health for New York State, John L. Rice, M.D., the New York City Health Commissioner, and Cornell University's distinguished past President, Dr. Livingston Farrand, will be on the platform.

The annual banquet on Thursday will be of a social nature with entertainment and dancing. Arthur T. McCormack, M.D., will give his presidential address.

Several sessions in which the audience will join are devoted to such subjects as mental hygiene, public health advancing, and newer responsibilities in public health administration.

The Child Hygiene and Public Health Education Section programs are of special significance to the field of public health nursing.

The complete A.P.H.A. program was published in the August issue of the *American Journal of Public Health* and is available from the Association.***

*At the A.P.H.A. Convention. PUBLIC HEALTH NURSING, August 1937, p. 486.

**This is the correct title of the event, not as stated in the August issue.

***American Public Health Association, 50 West 50 St., New York, N. Y.

Everyday Problems of Child Training

By DOROTHY I. ROBERTS
Mental Hygiene Supervisor, Visiting Nurse Association, New Haven, Connecticut

Because of her interest and her many opportunities the public health nurse is able to share sound principles of child training with the parent who needs help with many day-by-day problems

MRS. JONES is just home from the hospital with her new baby. Up till now she has been relatively free from responsibility for the baby; but somehow he seems to cry longer and louder than he did in the hospital, and the other children make many demands on her. The baby's schedule does not fit in with the home schedule, and Mrs. Jones soon becomes tired, worried, and irritable.

The nurse who visits the home during this difficult period to demonstrate the giving of the baby's bath or the making of a formula—if one is necessary—has arrived at the strategic time to help the mother with the many problems of child training which arise from day to day in any home. First of all she reassures Mrs. Jones by explaining that most babies have at least one fairly long crying spell each day. Then she helps the mother distinguish between the cry that says "pick me up" and the one that really needs attention. She shows the mother how to hold the baby so that both baby and mother feel comfortable and secure, and hence easy and relaxed. She also helps to fit baby's schedule into the established regimen of the household. In innumerable ways the nurse helps the mother with practical suggestions which make things run more smoothly, and gradually the mother's confidence in herself is built up.

She reflects this in her handling of the baby, and the nurse takes this opportunity to help the mother understand the meaning of security to the baby. If the mother is calm and confident as she bathes and nurses the infant, the experience for him is pleasant and satisfying and he is "good." If she handles him firmly and easily and does not give him the feeling that he is about to fall, he is saved from a sensation of fear and is again secure and comfortable. The mother soon learns that it is not necessary to walk on tiptoe or talk in whispers, because the baby adjusts to ordinary noises of the household. But she observes that he usually is startled by unexpected, shrill sounds. A consideration of all these things makes for a happy, contented baby rather than a fretful, unhappy one. Thus the foundations of a stable nervous system and a pleasant disposition are being laid.

DEVELOPING INDEPENDENCE

The nurse, in addition to helping the mother appreciate the value of this type of security for the baby, is in a position to broaden her knowledge and interest in the physical and emotional development of the infant, and to help her appreciate the significance of independence for the child.

If the newborn baby is picked up every time he cries, he soon learns to demand this attention from adults and is dependent on it. But if the emphasis is placed on attending to the baby's needs and comfort, rather than prevent-

ing crying, there will be sufficient deviation in the schedule to prevent rigidity and yet to make for regularity. The infant soon reacts to this and is content to fit into his own place in the scheme of things. Thus the seeds of independence are sown.

Wise mothers soon learn that shaking a rattle in the baby's face merely distracts him, if he is demanding attention; or if he is not, it breaks into that state of blissful peace which only infants enjoy. However, to tie a rattle or rubber ring or spoon to the edge of carriage or crib so that in his exploring he discovers them for himself, brings a real sense of achievement and increases that feeling of independence so nicely started. Similarly with pulling himself up when he is old enough to do so. If adult muscles do the work, baby muscles are not learning coördination and baby is not learning confidence in himself. It is every baby's right to attend to this matter himself! All he needs is good support. If a play-pen is available, well and good; but if not, a small space adequately surrounded by substantial chairs will serve.

Early in life the baby wants to hold the cup or bottle, and by the time he is eighteen or twenty months old he can often make a fairly good stab at feeding himself, if he has had the opportunity to try from the time he first wanted to. For all things are learned little by little —skill in eating as well as stability of personality.

CAN MY BABY SEE?

Many mothers ask, "Can my baby see?" And when the development of the baby's ability to recognize motion and objects is explained to them, it is a pleasure for them to watch the baby's reactions as he looks about. First he seems to notice a large space of light, such as a window; then, perhaps when he is about eight weeks old, the mother is delighted to find his eyes follow her as she moves about the room; and a few weeks later he discovers his own hand. Thus the eyes change gradually from birth, going through certain stages of growth and development, and almost from the beginning the baby's behavior is influenced by the clearness with which he sees.

The nurse too is in a position to help mothers appreciate the psychological aspects of health habits. If in the early days, mother and baby get off to a poor start, trouble persists. If the nursing period is one of relaxation and ease for both mother and baby a good start has been made and care should be taken to hold fast to this. When new foods are to be introduced the nurse should prepare the mother in advance so she will know what to expect. The baby will not immediately like new tastes or new consistencies, and there will probably be a time when he spits the food out or refuses to take it at all. An absence of concern on the part of the mother and perhaps a few days off the new diet will work wonders, and baby will soon be eating the prescribed food.

WHY WON'T THE BABY EAT?

If the mother can maintain an unemotional attitude and if she can allow her baby to improve upon his efforts to feed himself, eating problems are not likely to develop. If they do, then nurse and mother together look for the cause. Has there been too much concern on mother's part? Or father's? Has the child sensed this anxiety? Have results been expected too quickly? Does the child like the attention his responses bring him? Is he imitating the eating habits of someone else in the family? Is he eating between meals? Or temporarily is he "off" eating. A slight cold perhaps? Fatigue? Or what? Together the nurse and mother can usually locate the underlying causes.

In elimination too, care is needed to prevent issues from arising. If the nurse can help the mother accept the fundamental truth that the method of training is far more significant to the child's personality development than his age when training is accomplished, all will go well. A mother will then be unconcerned if early efforts to "catch" movements fail. In fact she will probably wait until the child can sit alone sufficiently to support himself on the "pottie," rather than holding him on the vessel in her lap. This will eliminate all chance of his sensing any muscular or emotional tension she may feel. As for "good" boy or "bad" boy in relation to bowel evacuation—well, both nurses and mothers should know better!

Very often the nurse is called upon to help mothers accept thumb-sucking as a natural phase of emotional development rather than a bad habit to be broken. Frequently, too, masturbation occurs and again mother and nurse try to evaluate its significance to the child and to watch the gradual outgrowing of the practice as life's interests and satisfactions multiply. Preoccupation with autoeroticism becomes unnecessary, and less interesting than playing house or building roads or just holding one's own with the neighborhood children.

PLAY AS SELF-EXPRESSION

This brings us to the all important topic of play. From the time the baby discovers his toes or the toys tied to his crib, through the thrilling stage of investigating pans and kettles and running faucets, to his tolerance of and then participation in play with other children —play serves as an opportunity for self-expression and a never-failing source of learning all sorts of things. He learns what is hard and what is soft, what hurts and what does not, how the train goes, why the dog barks, what makes playmates "get mad," how to get them to want to play again, and many other things. The nurse can help mothers recognize the toys and activities best suited to develop good muscular coordination and to develop intelligent interests and thus bring growth of body and mind.

THE NEW BABY

An event in which the nurse is often of service to mothers is that of preparing an older child or children for the coming of a new baby. This can easily be a good opportunity for strengthening family relationships. Or on the other hand it can be an occasion for great suffering and heartache to the youngster, leaving scars that never heal. So the nurse and mother again evaluate the situation and plan ways and means of getting the children ready for the big event. First of all, they look to the degree of independence of the older child. For the more he depends upon himself, the less he depends upon mother; and the less neglected he will feel when the baby demands some of her time and attention. Has he achieved independence in keeping with his age-level, whether that be one year of age or five? If not, what ways can be found to increase self-confidence and bring the satisfaction of doing for one's self?

Next comes the need for helping the child know just what a new baby in the family will mean. He is shown pictures of babies, and real living babies as well. It is explained how tiny and helpless a new baby will be. He will not have teeth, so he can't chew as the older child can. He will have to live on milk at first and suck it from mother's breast or a bottle. He can not dress himself; he can not walk, or even sit up. He's just a tiny, helpless baby whom mother and father and the older child will have to care for. He won't be a playmate at first—he is too tiny and he will not know how to play, but as he grows, he

can gradually be taught to play and to do things for himself.

The child helps plan where the baby will sleep. He is interested in the clothes mother is making. He knows baby is living and growing inside mother until he is big enough and strong enough to come out into the world and live as other children do. His questions, whatever they are, are answered simply and truthfully and in keeping with his capacity to understand.

Natural curiosity regarding sex differences is often easily satisfied through watching the bathing of the baby. The child can become familiar with the various parts of the baby's body and gradually acquire a correct vocabulary which saves confusion later on.

MANY PROBLEMS ARISE

If the mother asks for help in dealing with other specific problems the nurse should be equipped to give her help, or when she is not, to refer her to a specialist. The very fact that the nurse demonstrates a matter-of-fact, unemotional attitude is helpful. When baby's hands stray to his genitals she does not say "no no" or hastily snatch them away. She interprets the baby's interest in discovering parts of his body and points out that if his interest lingers longer here than on his toes it is probably because an adult has manifested concern and hence focused his attention. A little later, the baby's preoccupation with eliminative processes is interpreted as a natural stage in development, and in no way suggests disgust unless adults make this association for him.

A child interested in the rectal temperature being taken on a brother or sister is not hushed and brushed aside or pushed from the room. He is told, "This is the way we take Johnnie's temperature to see if he is sick. We can not put the thermometer in his mouth as we would with you because he is too small and he wouldn't know how to hold it."

These are a few situations and problems which the nurse encounters in her visits to homes. She by no means considers herself a specialist in the field of child guidance, but since the emotional and mental development of the child are thought to progress simultaneously with his physical development, and all are interdependent on one another, child training becomes an integral part of nursing care and health teaching. The nurse therefore has unlimited opportunities to be of practical help to mothers.

This photograph, and the one on page 495, through courtesy of "All The Children"

Wider Horizons for the Preschool Child

By FRANCIA BAIRD CROCKER, R.N.
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Is it worth while to examine the eyes of preschool children? The writer quotes evidence showing that the proportion of eye defects among preschool children is as great as among school children

WHAT EXCITING experiences are in store for all the children who are beginning school this fall! But what busy days for mother as small dresses and suits demand her skillful attention. Who does not recall getting ready for the first day of school and the tremulous emotion in anticipation of it?

If school life is to be a wholesome, satisfactory experience, the body's house must also be put in order, and the health list checked. Immunizations, teeth cared for, proper dietary habits established, healthful mental preparation for this new experience, freedom from physical defects which are remedial—all these are items to be checked on the health list. A physical examination for the preschool child is becoming a regular part of the preparation for school. There is, however, a most important part of this service to the preschool child that is being omitted. More attention should be given to the detection of eye difficulties and their alleviation. Because so little attention has been paid to the eyes of the preschool child by physicians and nurses, there are few studies available based on facts. Instead, broad generalizations based on opinions exist; and one frequently hears that the incidence of eye defects in the preschool group is negligible, and that the findings do not justify the time and effort involved.

What has been the experience of the National Society for the Prevention of Blindness? A study begun as long ago as 1925 indicates that "almost as large a percentage of children of the preschool age have eye defects requiring careful study by ophthalmologists as have children of older age groups. The only striking difference that stands out clearly in this study is the higher incidence of hyperopia (farsightedness) and the lower incidence of myopia (nearsightedness) in the preschool group."[1] The incidence of eye defects in the preschool group is approximately twenty percent, based on this study; and the incidence of eye defects of school children has been found to be about twenty percent, based on studies made of the school age group.

It is usually the nurse who initiates the inspection of the eyes of the preschool child and either oversees or makes the inspection herself. Her findings will vary in proportion to her knowledge of eye hygiene and her technique for screening out children who have eye difficulties and are in need of a thorough ophthalmological examination. If she is going to share with or delegate to someone else this part of the preschool program, she will need to make sure that teachers and volunteers have basic knowledge for making the inspection and understand the uses and limitations of the techniques they apply.

The Junior League of New York

City, realizing the great importance of finding the preschool child who is in need of eye care and correction before school life begins, has formed a committee which not only promotes an interest in inspecting the eyes of preschool children but helps by making inspections of children attending day nurseries. Before they began their work a study course was organized to learn about the eye—how a layman can recognize deviations from normal, the relation of general health to eye hygiene, and the procedure for making gross screening tests for determining central visual acuity, and ocular balance.

CHILD'S COÖPERATION NEEDED

Inspecting and testing the eyes of the preschool child require time and patience. The child's coöperation and sustained attention are necessary. A quiet room, small groups of children, preliminary instructions to the mother on what is expected, and practice at home in learning the different positions of the Symbol E—all make for more accurate results.

Among the most common eye difficulties found in the preschool group, errors of refraction probably head the list. Conditions of hyperopia, myopia, and astigmatism require early correction, particularly when there is a marked degree which interferes with the development of acute vision. Early discovery that the two eyes are not working together and referral for immediate treatment and supervision by the ophthalmologist will often prevent blindness due to disuse of one eye.

There are many diseases and conditions of general health which may affect the eyes, and serious loss of vision has resulted from syphilis, tuberculosis, and nutritional disturbances. Eye injuries that have not received proper care may result in impaired vision. Inflammatory conditions of the lids may become chronic if untreated, and the resulting thickened lids prevent proper protection of the eyeball. Hereditary and congenital eye difficulties should be discovered early and ophthalmological care provided. When sight is permanently impaired, early guidance should be made available to parents as to what to do for the visually handicapped child.

Widening the preschool child's horizon by helping to enrich his visual experiences and to conserve his most precious and useful possession—eyesight—is a privilege that nurses should be prepared to exercise freely. By becoming better informed as to the ocular needs of the preschool child, nurses will fulfill their responsibility for this age-group.

SUGGESTED READINGS

Single copies of the following publications may be secured without charge by writing to the National Society for the Prevention of Blindness, 50 West 50 Street, New York, N. Y.:

[1] The Vision of Preschool Children. An Analytical Study of 982 Children. Publication 66.

Frost, Albert. Conservation of Vision—Infant and Preschool Age.

Hargitt, Charles A. Eye Conditions Prevalent in the Preschool Age.

Phelan, Anette M., and Langdon, Grace. Eye Health of Young Children.

Kenyon, Josephine H. Eyes Right.

Peter, Luther C. Facts and Fallacies Concerning Squint (Cross-Eye).

Berens, Conrad, Kerby, C. Edith, and McKay, Evelyn C. The Causes of Blindness in Children.

Knighton, Willis S. What Causes Eyestrain in Children?

Detailed instructions for testing for central visual acuity.

A few copies of Some Suggestions for Lighting in a Day Nursery, an unpublished outline by C. Edith Kerby, are available from the Society.

Dorothy Buckner, scheduled to speak at the A.P.H.A. convention, was erroneously listed as Supervisor, Social Service Division, ERA, Springfield, Mass., in the August issue of the magazine. Miss Buckner is at the present Medical Social Work Consultant, Crippled Children's Division, Department of Health and Welfare, Bureau of Health, Augusta, Maine.

Building for Health in a Secondary School

By ETHEL C. RYCKMAN, R.N.*
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"The adolescent wants to try his wings but at the same time to know security." Based on the health needs of the students is this suggested program of school health activities

THE ADOLESCENT has been the last individual to receive attention in the modern child hygiene program. However, school men as well as leaders in public health are now coming to recognize the needs of the high-school student and to demand that those needs be met. Programs of health activities are being developed in our modern, progressive high schools.

NEED FOR HEALTH GUIDANCE

Adolescence, the transition period between childhood and adult age, is the most trying of a child's life, both for the child and for the parents. It has been said that the adolescent finds himself in "a strange and more or less hostile world. He is confronted and often disconcerted by a multiplicity of fashions, customs, conventions, and standards of social and moral conduct which he had nothing to do with making, but with which he is supposed willingly and complacently to comply. His obedience is taken for granted by his elders. Parents and teachers sometimes exhibit little patience with these puzzled and perplexed youths when, in their confusion, they fumble and stumble in their well meant efforts at adjustment with this new world of adult behavior. But adolescence defies all attempts at concise definition. It is a vital period of life, and as such, embraces every phase of the personal reactions of a developing human being to the environment of living."[1]

The adolescent wants to try his wings but at the same time to know the security of a roof over his head and a regular allowance in his pocket. The school grips him more powerfully than does his home, and what has the school done to meet his problems? Picture a modern high school with its crowded classrooms, the specialization of each teacher in his own particular subject, the crowded day, the general confusion in the halls and cafeteria, the feeling of inferiority that comes to so many from keen competition, and the spirit of restlessness about it all. Home and school must admit that this is a changing world. Therefore, children must be trained to meet situations as they come, to face facts squarely, to be good losers, to accept the code of good sportsmanship and fair play. Youth of today, more than ever before, needs an understanding friend, an open-minded listener.

With the growing understanding of adolescent needs, the secondary schools are not living up to their responsibility to adolescent youths if they do not provide a health activity program in its broadest sense. Physical education has been a part of the curriculum for a long time but the emphasis has been on competitive sports with very little attention to the individual physical, mental, and emotional needs of the student. Schools

*At the time this paper was written Miss Ryckman was a school nurse in the Cleveland Heights High School, Cleveland, Ohio.

are coming to realize that besides functional efficiency, health means mental growth, emotional stability and social facility.

Studies dealing with secondary education are beginning to emphasize certain trends. The important trends noted are as follows:

1. Consideration of the child as a whole.
2. Use of the case study method in arriving at an understanding of the individual student.
3. Appointment of a health counselor with the same status on the faculty as that of any teacher.
4. The combining of the hygiene, physical education, and medical departments into one health and physical education department with a departmental head.
5. Organization of faculty and student health committees.
6. Tuberculosis control program including tuberculin tests, and fluoroscopic and x-ray examinations.
7. Recognition of the fact that the science of health is not merely one subject in the curriculum, but a fundamental spirit which should permeate the whole process of education itself.
8. Recognition of the fact that the health content can enrich the whole high school curriculum, or in other words, that it is not merely a problem of adding a specific course in health education.
9. Recognition of the need for a safety education program.
10. Development of personal and community hygiene courses for boys and girls as a part of the regular curriculum.
11. More thorough health examinations and a recognition of their educational value.
12. Recognition of the needs of the adolescent for a well rounded health program which will enable him to develop health-mindedness and therefore assist him in his adjustment in this changing world.

A HEALTH ACTIVITY PROGRAM

A health activity program should include *classroom instruction* either by the direct method as taught in hygiene, social studies, chemistry, biology, physics, home economics, and physical education, or by the incorporation of principles of healthful living throughout the curriculum. Time should also be allowed for *individual conferences* on mental, physical, or social health problems. These conferences should be conducted by the principal, the assistant principal, the dean of girls, the home-room teacher, the physical education teacher, or the school nurse. A *healthful school environment* should be provided, for healthful living can not be taught unless there is provided the means for students to practice that sort of living while at school. With a well qualified, alert personnel, the *medical and nursing service* is in the strategic position for developing, interpreting, and motivating the health activites for the good of the student body and the faculty. For a broad program, the medical personnel will need the coöperation of parent, faculty, and student health advisory committees.

PRINCIPAL THE STRATEGIC PERSON

In a large, departmentalized secondary school, it is difficult to reach all students. For this reason the principal is the key person and the success of the health program depends on his health-mindedness and administrative skill. He is responsible for the program and the spirit of the school. The school nurse should keep in close contact with the principal, presenting any new developments in her field and consulting with him on all new procedures related to her field before they are put into effect.

The modern trend in education is to teach the child—the whole child—a better way to live. Then it follows that health education must be considered as a part of the general educational system. Each teacher should know the aims of the school health program and understand the important rôle the faculty must play in order to have an effective health program. In a large urban school, teachers make very few home calls. A teacher may be well trained in teaching methods but absolutely unable to help a student with his problem because she has no knowledge of his physical defects, of his home, or of his habits of living. The nurse and the teacher should work to-

gether to help a student to self-direction and independence.

With compulsory education, the school has a twofold obligation to the community, that of providing for the intellectual growth of the child and that of furnishing a healthful environment in which to work. If the school is interested in the whole child, then it must consider the school building, its equipment, and how the care and use of the building affect the health of the child. While the nurse is not personally responsible for the condition of the school building, she should be familiar with what constitutes a safe and healthful school environment and be ready to give assistance when required or to make constructive suggestions when necessary.

The key man in regard to the safety and sanitation of any school building is the custodian. Often a school is judged by the cleanliness of its halls and washrooms. Many times he takes the blame for carelessness on the part of the students.

Most accidents at school are preventable, but only with the coöperation of the students, faculty, and parents. Safety is a problem of education. The safety-first point of view should be taught in all chemistry, general science, social problems, shop, physical education, and home economics classes. First aid kits placed in strategic locations about the building with qualified people assigned to care for minor injuries are an invaluable aid in caring for any injuries that do occur.

Now where does the nurse come in? As she visits a classroom she will notice a room that is too warm, a slippery floor, improper seating, improper lighting, tenseness in the atmosphere of a class. She passes a drinking fountain where she notices that the bubbler is not working properly, or she receives a report of an exposed pipe in a locker room. The nurse should be on the lookout for all defects, should encourage people to report defects, and should have them properly corrected.

In an elementary school any number of students may be called for examination at a moment's notice, but in a large secondary school with its ever-changing classes a call system is necessary. Arrangements should be made to permit students to come from any class to the medical department by appointment, with at least fifteen minutes allowed for each examination.

Sophomores, transferred from junior high schools within the system, should be examined just before they leave the lower school. Juniors, seniors, special cases, and all students new to the system should be examined in the high school.

LEARNING THE NEW STUDENTS' NEEDS

Conferring with the junior high school nurse gives the medical personnel of the high school an idea of the type of cases to be transferred to the senior high school and an opportunity to make special programs where indicated. Then, when the medical cards are received at the beginning of the semester they should be carefully checked for any uncorrected defects or special notations. This insures the sophomore a good start at high school.

Health problems common to a secondary school are defects of vision, poor nutrition, tuberculosis, diseases of the heart, digestive disturbances, skin conditions, thyroid disturbances, dental defects, and accidents. In addition there are many complicated problems of mental and social health. Such a list of problems shows the need for a fine type of health education. "If a health examination is worth giving at all it should give the students an appreciation of what constitutes physical fitness. It is time for him to know what is his physical equipment and how he can best develop it. Whereas the examination in elementary school should be accompanied by a

conference with parents, as a student grows older and has to assume more responsibility for safeguarding his own health, the conference becomes one between the physician and the student. This can be made the most constructive bit of health education which it is possible to give."[2] The physical examination is a personal service, a basis for individual health instruction and counsel, and a means of developing correct attitudes about healthful living.

The school doctor has a very important rôle to play in the school health program. Many students judge the whole health department by the type of examination they receive or by the help they are given with a health problem. They come with definite questions and want definite answers. Time should be allowed for the student to talk over findings of the examination with the doctor. The student is interested in knowing just what a certain defect may mean to him, whether he can safely take part in athletics, whether he can safely carry an ordinary program, or whether any defect he has may force him to change his plans for a livelihood. The doctor should be the confidential, trusted friend of every student.

THE NURSE IS ASKED FOR HELP

Many times students are referred by members of the faculty, by the parents, or by outside agencies; or the student himself may come of his own accord. Sometimes health work in a secondary school seems like a long, complicated road. However, when a parent asks for a conference with the nurse for advice as in the following case, perhaps a few steps in the right direction have been taken.

Fred's mother stopped in the medical office one afternoon to talk about his problems. She did not want him to know of her visit. He is fourteen years old, less than five feet tall, and wants to be a football player, or at least to do something in athletics. All fall he hurried home after school, studied an hour or so, and then ran back to school to sit on the fence and watch the boys practice football. She did not want any special favors for him but wondered if the nurse could make any suggestions. His teachers reported a lack of interest in his subjects, and poor grades. Enrolled in three large gymnasium classes, he did not do any more than he had to.

After his medical examination, which was negative except for growth, he sat down to talk it all over. He seemed pleased when the nurse recognized him as an old friend from elementary school. Apparently he did not like gymnasium because he could not keep up with other boys. He usually sat on the side lines. When asked why he did not go out for swimming and perhaps make the swimming team, he laughed and said they would not want him. After talking over old times at elementary school they went down together to see the swimming instructor. Thinking there must be a reason for the request, the wise teacher only answered their questions with a cordial invitation for the boy to go out for swimming. A few days later the medical department received a very kind, thoughtful message from the boy's parents. They were sorry the nurse was unable to look in on them around the dinner table that night, to hear the boy tell of people who remembered him after five years, and how he was going out for swimming. Here was a boy with a new slant on life. He looked an inch taller because his shoulders were a little straighter and his head a little higher.

Not much good would be accomplished just through the examinations without a real program of follow-up work. Surely the nurse is one of the strongest links between school and home. She understands and believes in the health activities of the school and has a marvelous opportunity to interpret that program as she makes a call in the home. On the other hand the nurse can carry back to the school a picture of the home and the kind of outside environment from which the student comes. In many cases the nurse can help form good, constructive attitudes on the part of the parents towards the school health program and healthful living.

When a full examination has been completed for any one student, it is well to have that student sit down with the nurse to talk it over—the good things as well as the defects found. He

is older now and has a right to know facts about himself. It is not difficult to show him how much more he can accomplish if he is a healthy, happy, well adjusted person. The consultation must not be one-sided. He has his own ideas about his problems, and is anxious to discuss them. It is very important for the nurse to be a good listener. A definite time each week should be set aside for individual conferences.

THE INDIVIDUAL PUPIL

To get a true picture of the pupil (and the nurse can be of far greater assistance to him with such a picture) she should know what he does twenty-four hours of the day. She should know his home environment, whether he is an only child or one of a large family group, how he sleeps, where he sleeps, how he plays, with whom he plays, how he eats, what he eats, to what extent he has learned to live with others, and what his hobbies are, if any. Consideration must also be given to his intelligence rating, his scholastic, health, and attendance records. It is well to know both parents and what their attitude is toward the school and toward healthful living. Perhaps they are over-ambitious for the child. In many instances it is wise to consult the family physician, for in many cases he has been the family consultant for years and may be as interested in the pupil's welfare as the nurse is. The following case study illustrates what can be accomplished through individual work.

Howard was finishing his second semester in a large secondary school when his home-room teacher talked to the school nurse about him. The teacher did not think he was a medical problem, but she had tried many things and still did not know what to do with him. The boy's scholastic record listed all subjects as failures for the first semester and he was heading for four failures the second semester. A complete physical examination revealed no serious defects. He was a tall, handsome lad, easy to approach and interesting to talk with. He kept referring to things about the radio, always adding, "but it takes a smart person to get on in the radio field so I won't be able to do that." The nurse did not keep him very long that day because she could not help him until she had a more complete picture, and he was so resigned to the fact that he was inferior to most students he was not fair to himself or to the nurse. Even though he had had a psychological test in the eighth grade, he was given a new one. His rating was very superior in most parts of the test. The nurse talked with different boys in his home-room and classes and found that he mixed very little with them. He usually answered their invitations with, "Oh, I can't do that. You folks go ahead."

Finding that he had been in the city since his kindergarten days, the nurse looked up his elementary school record and learned he had done well all through the first six grades. In his junior high school record she began to see light. During the first semester of the seventh grade he continued to do well. Later in that grade he contracted a cold from which a severe sinus infection developed. The boy was absent from school for weeks and apparently was still very much under par physically when he returned to school. It is too bad he did not drop out that semester, get well, and return in the fall in condition physically and mentally to do his usual good grade of work. Instead he struggled under the pressure of work and finished with grades much lower than usual. Somehow he got the idea that sometimes a sinus infection did leave an effect mentally and he also thought he could not do things well any more. His work in the eighth grade was poor and in the ninth grade was even worse. His cousin, a student at a neighboring college, received excellent grades and the comparison made at each report-card time did not improve matters any. His mother frankly said the father had "even tried spanking the boy for not bringing home reports as good as his sisters." He did no work around the house and entered into no extra-curricular activities at school. Apparently he did his home-work while listening to the radio. It was difficult to convince that mother and father that they had a sick boy, a mentally sick boy. They were sure he was just lazy.

With the new semester, the boy was advised to carry three majors and physical education. In addition he worked in the medical office one period a day, to enable the nurse to keep in close contact with him. The nurse encouraged him to talk about his school work so that he could "air" his difficulties and she could praise his good work. He needed a friend badly. It was a slow, difficult task to help him gain back his confidence in himself. The nurse spent hours in consultation with his teachers, his parents, his classmates, and with the boy

himself. It was necessary to change the family almost as much as the boy. His parents nearly lost faith in the program when the boy's scholastic record only improved to a passing average at the end of the first six weeks of the semester. As there were no financial difficulties to overcome, the father was persuaded at that time to give the boy a desk and radio for his own room. The boy never knew of the school's part in that arrangement and the nurse will never forget the look on his face as he told her how proud he was of his new room and of his father's faith in him. She wanted the boy to face his problems squarely, to be honest with himself, to know success again, and to know the feeling that comes with a difficult task well done. It was interesting to watch the look in his eyes change from fear and doubt to a shining faith in himself and others. Taking nearly three months to reach his stride, he did good work in most subjects after that. This boy is just one of many who have individual problems that come to the medical department, and surely these problems are a real challenge to anyone who loves to work with people.

ADAPTING PROGRAM TO NEEDS

Many times it is necessary to change a student's program for medical reasons. Perhaps it is a pupil with a cardiac condition who needs a short program, or a postoperative case needing physical education adjusted and the amount of walking limited, or a fracture case needing more time between classes, or an emotional upset resulting from a conflict between teacher and student, or overambition in a pupil who has submitted a tentative program so full that there is no time for relaxation and lunch. It is less confusing to have special programs for all known medical cases made out in the beginning. This avoids the confusion of adjusting programs after the classes have been scheduled; it gives a better choice of teachers and classes for these special cases; it enables the student to start the semester with no time loss and with a program adapted to his individual needs; and it encourages the student to know what is a program best suited to his individual needs and how to plan one. All program changes for health reasons should be under the supervision of the medical department. The same type of preliminary work can be done for new sophomores in coöperation with the junior high schools.

Accurate records are invaluable in giving continuous and adequate care to the students. It should always be kept in mind that records are to be used. When the examinations include physical, mental, emotional, and social aspects of the child there should be a place on the medical card to record such a picture.

The common cold usually heads the list of causes of school absence. Because the cold in itself is contagious and because nearly all of the communicable diseases start with symptoms of a cold, it is wise to exclude these pupils from school until the cold is better or until a definite diagnosis had been made. In a large, departmentalized school, every teacher must be on the lookout every period of the day in order to keep communicable disease under control. Every family has a right to demand a safe school environment for the student, and every school has a right to expect coöperation and assistance from the home. Instruction in self-protection should be taught in every school and home.

ADVISORY COMMITTEES

Parent, faculty, and student health advisory committees are indispensable in a broad school health program. The *parent health committee* may be a subcommittee of the larger parent-teacher association of the school and appointed by that body. Functions of this committee might include raising funds for work among indigent students, interpreting the health program to the community, and the needs and opinions of the community to the school. The *faculty health committee* should consist of the principal, the assistant principal, the dean of girls, the hygiene teachers, the physical education teachers, and one representative from each of the other departments. This committee has two functions: first, to study individual

cases of students presenting physical, mental, or social health problems; and second, to point out through case studies of pupils the health needs of the school. As students like to feel they have a part to play in every school plan, the *student health committee* should be responsible for most of the health work in connection with journalism in the school. Short editorials on colds, posture, the effect of poor vision on school work, and other health subjects are pertinent and timely for publication in the weekly paper. This student committee is valuable in interpreting the health program to the student body and also in giving constructive criticism to the adult groups. The school nurse should be on both adult committees and coöperate with the student group. At intervals, it is advisable for these three committees to hold joint meetings.

INTEGRATED EDUCATION IN HEALTH

The field of health education is so broad, varied, and important that it offers a real challenge to every department in the school. When instruction in healthful living becomes so integrated in the different subjects of the school program that health becomes a matter of everyday teaching and living, then there is a strong health program.

Hygiene should be an effective weapon of self-protection for the student; it should correct any false impressions a student may have about health; it should aim to improve the student's own health; it should give a constructive attitude towards motherhood and fatherhood; and it should make for better citizenship and community health. The hygiene course as a part of the regular curriculum should be a required subject for all boys and girls enrolled.

The *science department* has a very important contribution to make. It assists in providing a basis for intelligent healthful living through scientific facts that aid the student in interpreting health principles. The health information content of the biology courses includes the study of cells, digestion, respiration, circulation, sense organs, nervous system, waste products, foods, heredity, and reproduction. The health information content of the chemistry courses includes the study of air, ventilation, breathing, foods, cleanliness, safety, clothing, diseases, and water supply. In the physics courses electricity, the x-ray and its use in combating disease, and foods are studied.

Through the course in *social problems,* an opportunity is offered to teach the importance of community health and school health. Some of the problems covered are:

Effect of child labor
Effect of industry on women, and laws for their protection
Evils of the sweat shop system both on the health of the worker and in spreading disease
Sickness and accidents as causes of unemployment
Social diseases
Mental hygiene
Effects of intemperance
Industrial diseases
Infant mortality
Sanitation

Other courses involving important phases of health are those given by the *home economics department.* Cooking classes should be open to all students.

Imagine the surprise of a school nurse when told by the director of the *vocal music department* that she had slighted them by not sending medical department visitors up to the music department. He was correct, for his department made a real contribution to the health education of the six hundred students who went there daily. They do not teach health *per se,* but nevertheless they are teaching healthful, efficient living. They stress proper sitting, proper standing, good posture, and correct diaphragm breathing. The *instrumental department,* in a similar manner, contributes its share.

Occasionally *health talks* may be given by the nurse. A home-room teach-

er who is giving different vocational talks may ask the nurse to discuss the field of nursing, or a home-room may ask for some assistance with discussions on personal health habits. Where the work is planned and the talks fit in with the other classroom discussion, the nurse should give all the assistance for which she has time.

The school *library* should be well equipped with books on all phases of health. Librarians are usually very willing to give teachers or students all the assistance they need. Special service should be rendered those students whose vision requires large type.

CONCLUSION

This discussion has endeavored to bring out certain pertinent factors in relation to health activities in secondary schools. Programs of health activities are developing in various sections of the United States, each one independent of the others and each in its own way attempting to meet the needs of the adolescent.

The American Child Health Association* has exerted leadership by bringing together at national conferences some of the authorities in secondary education to discuss health education. The physical education group has given attention to this matter. But in general the subject of health activities has not held the prominent place that it merits at national and state education meetings. Colleges, universities, and professional schools are beginning to recognize the need for helping teachers to become health-conscious and for training nurses to become health counselors. Nurses with sound academic and professional preparation are needed for positions on the faculties of high schools.

The need of the high school student for guidance in all matters of health is apparent. If high schools are to progress and take into consideration the whole child, they must face the facts and seek to develop a program that will more surely answer the challenge of the physical, the mental, and the social needs of the adolescent.

*Disbanded in 1935.

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[2]Chayer, Mary Ella. School Nursing: A Contribution to Health Education. G. P. Putnam's Sons, New York, 1931, p. 174.

Another Age in School Nursing

"It takes me back almost to another age," writes Lina Rogers (Mrs. W. E. Struthers), in reply to our letter telling her we were republishing this article from *The Visiting Nurse Quarterly* of 1910.

Mrs. Struthers is right. This picture of school nursing does belong to another age. Concerned with acute problems of contagion, uncontrolled skin infections, untreated and often undiscovered physical defects, school nurses of this period devoted much time to physical examinations and inspections. Toothbrush drills were in their heyday. Emphasis was placed more upon authoritative enforcement in regard to health than upon education of the family to recognize and meet its own health needs.

Today communicable disease is attacked through parent education to isolate the child at the first signs of illness before he reaches school, and to see that he is given early immunization. Classroom inspections are made informally by the teacher as a part of the regular classroom program. Health examinations have as their primary purpose an educational experience, with the hope and plan that they will become a regular part of the family's health program; correction of defects is no longer the most important objective of the examination. School dispensaries and treatments have been replaced by the education of the family to use their own physician, and if necessary, other community resources for medical care. Toothbrush drills have given way to a broad preventive nutritional and dental program.

And so school nursing marches on!

WHEN SCHOOL opened in New York City, in September 1902, the health conditions were so serious that some radical measures had to be taken to relieve them. It is true that medical inspectors had been visiting the schools regularly since 1897, whose duties were to exclude children suffering with contagious diseases, so that the healthy children might be protected; and also to re-admit those who had been excluded for a stated time. Did it occur to anyone to ask who would care for the excluded child if the parents did not know how? Or who would make up to him for the precious education he was losing during his absence? Possibly he returned to school at the appointed time only to be re-excluded because he was still infectious. Not until 300 children had been excluded from one school did the question arise as to what should be done to get these children back into school.

The discussion came up before Miss Wald, of the Nurses' Settlement,* who suggested a nurse to supplement the doctor's efforts. This seemed a practical thing to do, inasmuch as it had been tried in London, England, with success. I was asked to make the experiment, being a resident of the settlement at that time. I selected four schools in the most crowded part of the city, which I visited daily, spending about one hour in each, after which visits were made to the homes. First of all, crude dispensaries were improvised in each school, and these were equipped each day with supplies donated by the settlement. At the expiration of the experiment the Board of Education furnished the supplies.

When the doctor examined the children and found it necessary to exclude a number from the others in the classroom until treatment was begun, they were turned over to the nurse. Some-

*Lillian D. Wald, Henry Street Settlement, New York, N. Y.

times thirty children, who under the old system would have been excluded, were taken to the little dispensary and treated, then returned to their classrooms. This treatment was kept up daily until they were cured. The diseases treated in the schools were such as ringworm, scabies, favus, impetigo, eczema, and wounds of various kinds. The children with trachoma were allowed to continue school if they could present a properly stamped card showing they were attending an eye dispensary. Children with unclean heads were excluded at once with instructions that they might return as soon as the treatment was begun. Sometimes an hour was all that was lost. Was the saving of all that time not worth while?

The children who had previously been excluded were visited and many were found playing on the street, dirty and grimy and spreading their skin diseases to other children. A few demonstrations in the home with applications of soap and water and an ointment cured these conditions and the children were readmitted to school. One child had been out nearly two terms with a sore on her chin, and another was in school but once during the term because her head had never been properly cared for. In nearly every instance the parents were grateful to have someone go to them in a friendly way, or explain why the child could not remain in school if the orders were not obeyed. Others did not know how to relieve the conditions present and were glad to be told.

Did the school nurse's duties end there? Not at all. She found in many instances children with scabies sewing on "sweatshop" clothes made for the stores and which later on were worn, possibly by ourselves. She found patients in the last stages of tuberculosis, living in artificially lighted and unventilated rooms covered with these half-finished garments. In the first instances the cases were reported to the Child Labor Committee who saw that the children were prevented from working on the clothes; the Consumers' League was also notified and they saw that the conditions were changed or the licenses revoked. In the second instance the Board of Health was notified and the tuberculous patients were sent to a sanitarium or a nurse inspector visited the homes and provided sputum cups and other necessities, and made the patients comfortable. The Tenement House Commission was notified and they saw that the rooms were properly lighted and ventilated. Nor was that all. Cases of scarlet fever and measles, which had been carefully concealed, were discovered in these same sweatshops and they were promptly reported to the Board of Health by the nurse. The families were promptly quarantined and a nurse from the Contagious District Staff visited the homes daily, if necessary, until the patients were convalescent. The nurse also found others with typhoid fever or pneumonia almost at the point of death, from lack of care and attention, who were at once reported to the Nurse's Settlement; and a nurse was sent immediately to give the best possible care.

WAS ALL THIS WORTH WHILE?

New York realized the great need of this service and was not slow in providing a staff to carry on the work. In December, twelve nurses were appointed, the city having appropriated $30,000 for this branch of the service. Each year the appropriation was increased, showing how valuable the work was considered. There are now 140 nurses on the staff. In 1905 the nurses began making the routine inspection in the classrooms. This was done by having the children pass in a line in front of the nurse, who stood or sat with her back to a window. She examined the eyes, throat, skin, and hair. This could be done in a few seconds and if any serious defect was noted a more thorough examination was made in the school dispensary. The nurses referred cases for

diagnosis and exclusion to the doctor. The exclusions became so few, under this new method, that when one appeared on a nurse's report, it was an indication for special investigation.

The doctors, meanwhile, devoted their time to making special physical examinations. Each child was examined individually, the eyes, ears, nose, throat, teeth, heart, lungs, spine, and extremities being carefully gone over. Notices were sent to the parents when any defect was found and it was the nurse's duty to see that the instructions were carried out and the defect remedied. This work grew to such an extent, that it was not possible for the dispensaries in the city to accommodate all the cases that were sent to them by the school doctors and nurses. This was particularly so with the dental clinics, and the Children's Aid Society were obliged to equip and maintain one of its own.

In Pueblo, where I am at present organizing school nursing, the conditions are more or less different. There are very few skin diseases, and unclean heads are practically unknown. Trachoma and granulated eyelids are found only in few cases. The important defects are of sight, hearing, enlarged tonsils and adenoids, and carious teeth. Routine inspection is made about once in ten days as there are eleven schools to be visited. There is no medical inspector but the cases which need diagnosis are referred to the county physician. When a child is found in need of attention a visit is made to the parents and the condition explained. In nearly every case the child is found to be under treatment or the parents say they will see to it at once. There is no dispensary in the city and the county takes care of any who are unable to provide treatment. The doctors offer services to those who cannot afford to pay but only a limited number can be taken care of. The school board provides tooth brushes for the children at the uniform rate of 5 cents and the result is that almost every child in the schools uses a tooth brush. Since January 1909 over 1500 children, who never before realized the importance of clean teeth, have begun using tooth brushes. . . . How many children or even parents are aware that the little sixth year molar, practically the best tooth in the head, is a *permanent* tooth and must needs be filled at the very first sign of decay? Recently a very intelligent mother argued with me that the tooth was a temporary one because the dentist told her so. She was evidently mistaken in the tooth.

The other defects must not be lost sight of, however, because they are not so apparent. A state law has recently been passed in Colorado which makes it obligatory for parents to see that their children are in a proper physical condition to enter school and to keep them so. If any parents refuse, fail, or neglect to do this, the Bureau of Child and Animal Protection takes the matter up and presents the case in court. Cases of inability to provide proper treatment, through poverty, are taken care of by the county. A law of this kind is not necessary where there is a good system of medical inspection with school nurses to follow up the cases in the homes and see that the defects are remedied.

LINA L. ROGERS, R.N.

—From *The Visiting Nurse Quarterly*, April 1910.

. . . . . .

Mrs. Struthers' many friends will be glad to know that she is hoping to attend the Silver Jubilee Dinner and A.P.H.A. Convention in New York in October. She writes that although she is now an active volunteer in church work she has not lost her interest in school nursing, with which she keeps in touch through her sister, Anne A. Rogers, who, as a school nurse in their home in Toronto, "is carrying the torch of my early days."

Oregon Celebrates N.O.P.H.N. Jubilee

A LIFE MEMBERSHIP in the National Organization for Public Health Nursing was presented by the Oregon public health nurses to Mrs. Saidie Orr Dunbar, Executive Secretary of the Oregon Tuberculosis Association, at Oregon's Silver Jubilee Tea on May 27 in honor of the N.O.P.H.N.'s twenty-fifth birthday. The tea was held at the annual meeting of the Oregon Graduate Nurses' Association and the Oregon State Organization for Public Health Nursing, at the home of Marion G. Crowe, Superintendent, The Visiting Nurse Association, Portland. Annie W. Goodrich, Dean Emeritus of the Yale School of Nursing, who was the principal speaker for the State Nurses' Association meeting, was a guest of honor. Mrs. Dunbar, who is Chairman of the Oregon Silver Jubilee, and Olive M. Whitlock, State Membership Representative, were in charge of the tea.

Elnora Thomson, Director of the Department of Nursing Education of the University of Oregon Medical School, made the presentation of the Life Membership, which was accompanied by a scroll on which were inscribed the names of the givers. A poem written for the occasion by Mrs. Irma S. LeRiche, staff member of the Marion County Department of Health, is an effective part of the design on the scroll.

Miss Thomson said in presenting the membership: "At this birthday party for our National Organization for Public Health Nursing we desire to honor our organization by honoring Mrs. Saidie Orr Dunbar. . . During all these years of her activity with public health nursing and public health nurses, she has supported our professional standards and has never in any way sought to control our profession or its activities. So to our friend with admiration and affection we present this Life Membership in the National Organization for Public Health Nursing."

Elnora Thomson presenting a life membership in the N.O.P.H.N. to Mrs. Saidie Orr Dunbar, while Annie W. Goodrich looks on

A letter from Dorothy Deming, General Director of the N.O.P.H.N., welcoming Mrs. Dunbar to life membership in the organization, was read. An N.O.P.H.N. pin, which was offered by the State Organization for Public Health Nursing to the nurse securing five new members, was presented to Hope Brady,* the winner of the competition. Public health nursing students from the University of Oregon Department of Nursing Education assisted about the rooms and gardens. Music was furnished by the string trio from St. Mary's Academy.

The Oregon celebration is one of many such events which have been held throughout the country this year in honor of the twenty-fifth anniversary of the founding of the N.O.P.H.N.

*Hope Brady was on the staff of the School Division, Portland Bureau of Health, at the time she received the award.

Gleanings

This department is devoted to new ideas regarding improvised equipment, publicity programs, administrative problems, etc. Send us your contributions!

TO MEASURE THE CHILD'S HEIGHT

The Kent County Health Department at Chestertown, Maryland, describes an apparatus which may be made very simply, for measuring the height of children.

An ordinary yard stick is used, and a hole is bored in the 36-inch end, so that the stick can be hung with the 1-inch at the bottom. A 6-inch blunt end wedge, the width of the stick, is cut out of wood and dressed down with sand paper. A metal strip (the brass stripping used to tack down linoleum is satisfactory), the width of the large end of the wedge, is tacked on and strapped around the yardstick so that the wedge forms a slide with the flat edge down.

Measuring twenty inches from the floor, the stick is hung on the wall. The child is placed, back against the yardstick, heels against the wall, and the slide brought down to the child's head. Twenty inches are then added to whatever reading is secured on the yardstick.

A coat of shellac on the wedge and stick makes a neater job. If the slide doesn't slip easily, a little soap rubbed on the stick will help.

CATHERINE CORLEY, R.N.
Bureau of Child Hygiene,
Maryland State Department of Health

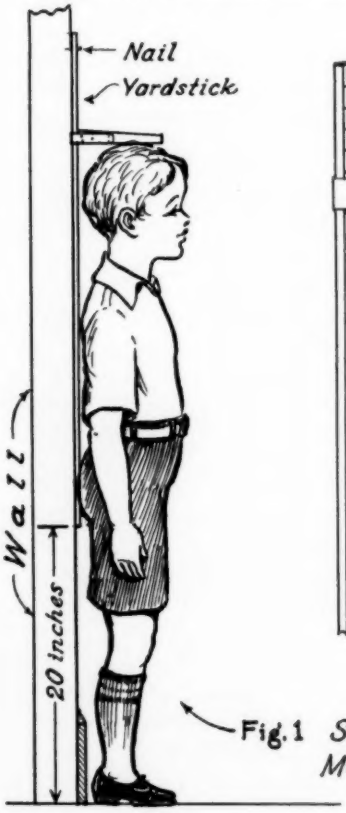

Fig. 1 *Showing the Yard Stick Measuring Device in use.*

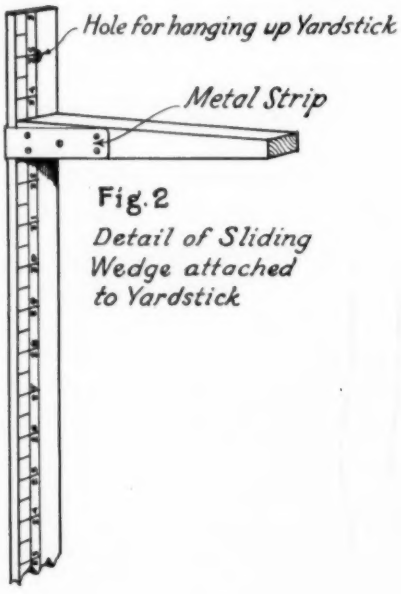

Fig. 2
Detail of Sliding Wedge attached to Yardstick

Fig. 3
Front View

NOTES *from the* NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

SCHOOL HEALTH STUDY

Ella McNeil has been released by the N.O.P.H.N. for six months to participate in a school health study being made in selected, suburban schools in New York City. A further discussion of this study will be found under "News Notes," page 553.

COMMUNITY NURSING SERVICE

Lulu St. Clair while in Michigan met with committees of the district nurses' associations of Kalamazoo and Battle Creek. Both groups are considering the feasibility of a council on community nursing. The Battle Creek District of the Michigan State Nurses' Association is considering a council as the first step toward providing community nursing service. This project is being sponsored not only by the nurses but also by the community representatives.

OLD AGE SECURITY

Will any agency member of the N.O.P.H.N. who did not receive the report in May concerning inclusion of public health nurses under the old-age clause of the Social Security Act, let us know, please. Also if any member agency has taken action on retirement plans through a local community chest, we would appreciate hearing about it.

OUR MEMBERSHIP

Not even the summer heat can deter our members and membership chairmen from achieving their goals for N.O.P.H.N. membership in 1937. We lack only 628 of the goal of 10,000 individual members; we have 18 of the 25 new agency members we hope to get and 16 of the 25 new life members! Best of all, we now have over 600 Honor Roll agencies with more coming. (We had set our goal at 600 but are not averse to pushing it up to 700!)

SILVER JUBILEE HONOR ROLL

We think September's Honor Roll list is exceedingly fine, in view of the fact that this has been vacation time. Do remember to let us know when every member of your nursing staff—whether of a school, industry, health department, or visiting nurse association—has joined the N.O.P.H.N. for 1937. And one-nurse services are eligible too, so if you are working alone be sure to let us know when you send in your dues. Let's make our Silver Jubilee Honor Roll cause for a *real* celebration!

CONGRATULATIONS!

Congratulations—to the Board of Directors of the Harrisburg (Pennsylvania) Visiting Nurse Association—the first Board in Pennsylvania to be 100 percent enrolled in the N.O.P.H.N. for 1937. We hope that we shall have other boards to add next month!

ALABAMA

*Fayette County Health Department, Fayette

ARKANSAS

***Independence County Health Department, Batesville

FLORIDA

*Citrus County Public Health Nursing Service, Inverness

*Jackson County Health Department, Marianna

*Health Department Public Health Nursing Service, Miami

INDIANA

***La Grange County Public Health Nursing Service, La Grange

****Delaware County Tuberculosis Association, Muncie

LOUISIANA

*Franklin Parish Health Unit, Winnsboro

MASSACHUSETTS

*John Hancock Life Insurance Company Visiting Nurse Service, Boston

MICHIGAN

**Board of Education, Hamtramck

MINNESOTA

*Carlton County Nursing Service, Carlton

*Ramsey County Rural Nursing Service, St. Paul

******St. Paul Family Nursing Service, St. Paul

MISSOURI

*State Board of Health, Charleston

*Randolph County Public Health Service, Moberly

MONTANA

*State Board of Health, Terry

NEVADA

*State Board of Health, Winnemucca

NEW JERSEY

*Atlantic Visiting Nurse and Tuberculosis Association, Atlantic City

*Visiting Nurse Association, Elizabeth

NEW YORK

***Maternity Center Division of the Visiting Nurse Association, Brooklyn

***Public Health Nursing Association, Rochester

UTAH

*****Utah Tuberculosis Association, Salt Lake City

WEST VIRGINIA

*Metropolitan Life Insurance Nursing Service, Martinsburg

WISCONSIN

*Metropolitan Life Insurance Nursing Service, Kenosha

*Metropolitan Life Insurance Nursing Service, Madison

*Metropolitan Life Insurance Nursing Service, Manitowac

*Metropolitan Life Insurance Nursing Service, Marinette

*Metropolitan Life Insurance Nursing Service, Sheboygan

*Metropolitan Life Insurance Nursing Service, Superior

ALASKA

*Territorial Department of Health, Juneau

NATIONAL SAFETY CONGRESS

Industrial nurses will be interested in the industrial nursing sessions of the National Safety Congress in which the N.O.P.H.N. is coöperating. The Congress will meet in Kansas City, Missouri, October 11-15.

For the round table session nurses are urged to be prepared to discuss, from their own experience, illustrations of the value of records and reports. Nurses who represent industrial nurses' clubs or industrial sections of state nursing organizations will be asked to report activities of their groups.

The program for these sessions follows:

Wednesday afternoon, October 13, President Hotel, Second Floor, Cabinet Room.

Presiding: Joanna M. Johnson, R.N., Director of Nursing Service, Employers Mutuals, Wausau, Wis., and Vice-Chairman, Industrial Nursing Section, N.O.P.H.N.

2:00 The Nurse's Part in Getting Injured Men Back on the Job
La Vona Rabb, R.N., Quaker Oats Company, St. Joseph, Mo.

2:30 Discussion

2:45 Industrial Tuberculosis—A Public Health Factor
Dr. H. I. Spector, Assistant Commissioner, Department of Health, St. Louis, Mo.

3:15 Discussion

3:30 How Can the Industrial Nurse Help Maintain Employee Interest in the Safety Program?
Ernest Augustus, Safety Director, The Mead Corporation, Chillicothe, Ohio.

4:00 Discussion

Thursday, October 14, President Hotel, Second Floor, Cabinet Room.

12:30 Luncheon. The Industrial Nurse and Her Problems. Round Table Discussion—Informal Afternoon

Presiding: Ruth Houlton, Associate Director, National Organization for Public Health Nursing, New York, N. Y.

2:30 The Industrial Nurse as an Aid to the Safety Department in Detecting Unsafe Acts and Conditions
John H. Holzbog, Personnel Director, Chain Belt Company, Milwaukee, Wis.

3:00 Discussion

3:15 What the Industrial Nurse Should Know About Occupational Diseases
Dr. A. L. Brooks, Medical Director, Fisher Body Division, General Motors Corporation, Detroit, Mich.

3:45 Discussion

4:00 The Nurse's Part in the Sickness Prevention Program
Phoebe Brown, R.N., Globe Steel Tubes Company, Milwaukee, Wis.

4:30 Discussion

REMEMBER THE BIENNIAL! MAKE RESERVATIONS EARLY.

For the winners of the contest, see the June 1937 issue

Honorable Mention Entry in N.O.P.H.N. Silhouette Contest. By Helen Hatch, Savannah, Ga.

JOINT VOCATIONAL SERVICE

has the following additional placements and assisted placements to report since its presentation of the list in the last magazine:

PLACEMENTS

Eula Butzerin, Associate Professor of Public Health Nursing, Department of Nursing Education, University of Chicago, Chicago, Ill.

Adaline Chase, Assistant Professor, Public Health Nursing Department, School of Education, University of Pennsylvania, Philadelphia, Pa.

Dorothy Cooper, Senior Counsellor (with responsibility for staff education), W. K. Kellogg Foundation, Battle Creek, Mich.

Lillian Thoresen and Catherine Eyster, Family Health Counsellors, W. K. Kellogg Foundation, Battle Creek, Mich.

Ruth E. Smith, Clinic Nurse, Union Carbide and Carbon Corporation, New York, N. Y.

Georgia L. Walker, Community Nurse, American Red Cross, San Jose, Calif.

Esther Finley and Esther Monroe, Community Nurses, Northern Westchester County District Nursing Association, Mt. Kisco, N. Y.

Daisy Densmore, Part-time Nurse, Manhattanville Play School, New York, N. Y.

To staff positions:

Elsie Kocher and Elizabeth Eggleston, Visiting Nurse Association, Brooklyn, N. Y.

Edna R. Gilbert and Emily Dinegan, Montclair Bureau of Public Health Nursing, City Health Department, Montclair, N. J.

Miriam Tower, Community Nursing Service, Wallingford, Conn.

Mrs. Ida Schels, Relief Nurse, Guild of the Infant Savior, New York, N. Y.

Mrs. Alice Logan Steele, Medical Social Worker, Kingston Avenue Hospital, Brooklyn, N. Y.

ASSISTED PLACEMENTS

Catherine Blanchard, Demonstration Nurse, Massachusetts State Department of Health.

Mrs. Ruth E. (Bartron) Roberts, Senior Nurse, Community Center, Media, Pa.

Ruth Larson, Staff Nurse, Monterey County Health Department, King City District, King City, Calif.

THE RIGHT NURSE IN THE RIGHT JOB

"What kind of position am I fitted for? What preparation do I need for the position which I want?" These and many other questions come to the J.V.S. from nurses throughout the country. Information of vital interest to all public health nurses on the vocational situation will appear in this column during the coming months.

JUST as surely as all roads lead to Rome, so all that Joint Vocational Service does aims at placement—the right public health nurse in the right job. Each public health nurse or would-be public health nurse has reason, when considering a position, to ask at least three questions: What will this position require of me? What will it bring me in return? How congenial will the day-by-day work be to me?

A few fortunate people know what they want, are equipped for it, and if it is available, become successful competitors. Many more are vague about their goals. Or perhaps the desired opening appears non-existent, or it demands preparation and equipment which they have not yet acquired.

The thoughtful public health nurse seeks light about adjustments that she may have to make, about advisable or necessary additional equipment, and about future prospects when immediate ones hold no lure.

The J.V.S. garners facts from the variety of requests for personnel coming from all over the country and these facts shed the light the public health nurse is seeking. These facts and this light are the foundation on which satisfactory employment service is built.

LILLIAN A. QUINN

EDITED BY
ELEANOR W. MUMFORD

HEALTHY GROWTH

A Study of the Influence of Health Education on Growth and Development of School Children.

By Martha Crumpton Hardy, Ph.D., and Carolyn H. Hoefer. 357 pp. University of Chicago Press, Chicago, 1936. $3.50.

Healthy Growth represents the results of a three-year study, by the staff of the Elizabeth McCormick Memorial Fund, of the influence of a definite health-education program in the elementary schools of Joliet, Illinois, on a group of children carefully selected with respect to race, nationality, mental capacity, initial physical condition, and family coöperation. There were 268 children in an experimental group and 104 in a control group. In the strict sense of the word, there was no true "control" group in this study, for the children in both groups had had, during their first two years of school, definite training in health; and throughout the period of the investigation had the educational opportunities attendant upon annual physical examinations, follow-up procedures, and conferences with the parent and the teacher by various members of the staff making the study.

The experimental group differed only in that they had a definite program of classroom instruction in addition to the above activities. Throughout the study, the groups were equated with respect to socio-economic level, in an attempt to offset initial differences between the two groups in these factors. None of the staff members who examined the children knew which were members of the experimental and which of the control group; in this way the possibility of unconscious preference of either group was eliminated.

The findings indicated that :

1. Significant improvement in physical condition accompanied the health-education program.

2. Growth measures covering eight specific traits give presumptive evidence of a relationship between rate of physical growth and the health instruction program.

3. The proportion of physical defects corrected was significantly greater in the health-instructed group.

4. The health-instructed group made greater improvement in habits dependant upon home conduct, such as rest and diet.

5. Healthy children in both groups tended to participate to a greater extent, both in time and in variety, in organized recreational activities than did those in poor physical condition, while the health-instructed group tended to prefer the more vigorous types of play.

6. There was a definite tendency for the health-instructed children to have a greater rate of mental growth as measured by changes in I.Q. and by standard achievement tests.

7. A healthy child can be expected to meet his day-by-day behaviour problems more satisfactorily than can a less robust child.

The differences between the groups are not marked in some of the aspects of growth considered, but in most cases the trend is in favor of the health-instructed group, a result which becomes more significant in view of the nature of the groups compared.

C. E. TURNER, Ph.D., Dr.P.H.
Cambridge, Massachusetts

SHADOW ON THE LAND: SYPHILIS

By Thomas Parran, M.D. 309 pp. Reynal and Hitchcock, Inc., New York, 1937. $2.50.

At all times the nurse is expected to be a fountain of information regarding health and disease. Recently this is true more than ever, since the much needed deluge of publicity concerning syphilis. In *Shadow on the Land,* she finds the

answers to many problems presented to her in regard to the control of syphilis. While it is written in language so simple as to be understood by the layman, and reads like a story, yet the scientific nature of the book is such that it will appeal to the medical and nursing professions as well as the laity. Strong appeals to reason and social justice backed up by data, concrete and colorful, run through every chapter, and will not be easily forgotten.

In tracing the origin and history of the disease, the mass of evidence seems to indicate that it was brought to Europe from the West Indies by Columbus and his sailors. It then spread rapidly over the entire civilized world. Data in this chapter concerning certain kings bids one again resift the criteria for nobility and aristocracy.

The chapter on American Beginnings is fascinating reading. It explains the early attempts made to eradicate syphilis in the past in this country and the great steps forward during the war—which were practically all lost when the war was over.

Dr. Parran discusses the situation in Scandinavia, Great Britain, and continental Europe. In Denmark and Sweden the reported results were so strikingly favorable that Dr. Parran says he was reluctant to believe them until he personally investigated these countries. Sweden, for instance, has cut its incidence rate to 7 cases per 100,000 population, whereas in this country the rate stands at 796 per 100,000 of population.

This has been done by education of the people, diligent public health work in seeking out sources of infection, prompt treatment of cases, the provision of free treatment to all persons infected with the disease, and the imposition of penalties for failure to receive treatment or for infecting another person.

The platform for action as drawn up by the 900 public health and social workers who met in Washington, D. C., last December is made up of three steps:*

1. Find syphilis.
   Test:
   a. All hospital entrants.
   b. All applicants for insurance.
   c. All applicants for marriage licenses.
   d. All pregnant women.
   e. All criminals.
2. Obtain public funds that will insure treatment for all infected persons.
   a. Full-time health official in charge of venereal disease in every state and large city department of health.
   b. Free distribution of drugs and laboratory service.
   c. Increase number of part-pay clinics and adopt standards which will include privacy, consideration, and follow-up.
3. Education of private physicians and the general public.

MARION SIMONSON, R.N.
New York, N. Y.

SCHOOL NURSING—A CONTRIBUTION TO HEALTH EDUCATION

By Mary Ella Chayer. 329 pp. G. P. Putnam's Sons, New York, second edition, 1937. $3.00.

When Miss Chayer's book was first published six years ago it was given an unusually cordial welcome because it filled a need unmet for so long a time.

School nurses and school administrators will find the revised edition of increased value. General public health nursing agencies—official and unofficial—who are furnishing school nursing service will find it an invaluable help in understanding the needs and the functioning of the school; and in developing programs to fill the needs and to fit into the general school organization most smoothly.

The revision brings up to date scientific data and social and educational developments with continued and increased emphasis on the educational function of the nurse. There is a desirable increase of concrete suggestions for methods the nurse may use in such

*Proceedings of Conference on Venereal Disease Control Work, December, 1936. Government Printing Office, Washington, D. C., 1937.

activities as educating parents, securing treatment of defects, making records work for her, in group health teaching and in high school work especially along the lines of guidance.

The discussion of rural school nursing has been expanded into an adequate and valuable chapter. Another helpful addition is an evaluation of some of the various studies and surveys of school health services and nursing services made since the book was first published.

There is a new or increased emphasis on the need for nursing supervision in school nursing, making the health records function for teachers, administrators, and guidance personnel as well as for the health staff, and a careful distinction between the responsibility of the school, the parents, family physician, health departments, and social welfare agencies, for treatments and control of communicable disease.

The book is easily read and well organized for special reference.

MARIE SWANSON, R.N.
Albany, New York

A HANDBOOK ON CHILD CARE

By East Harlem Nursing and Health Service, 454 E. 122 St., New York, 1937. 83 pp. 50 cents.

This handbook is a compilation of information on the care of the young child, for quick reference in home visiting or in parent conference work.

Organization of the material is in chronological order. Excellent preliminary discussions of characteristics of and situations common to each age period lead the reader to thoughtful consideration of the development and training outlines which follow.

Illustrations of the specific help available are: daily schedules; summary of relative values of breast and artificial feeding, with quotations from authorities on the risks involved when the mother has tuberculosis or syphilis; factors which influence the character of an infant's stools and the simple, concise instructions on preparation of foods.

Dr. Arnold Gesell's normative summaries are reprinted as originally published. Some guide for their use in interpreting to mothers the development of their own children would make these standards more practical.

In view of the contribution which East Harlem has made to an understanding of parent-child relationships, it seems regretable that the handbook does not include more discussion of this aspect of child care.

Nurses new in the field will find this a ready guide and a stimulus to further study. More experienced nurses will do well to turn to it for review.

The size, the type, the section headings and the table of contents make the handbook most readable. The bibliography is excellent.

DORRIS WEBER, R.N.
New Haven, Connecticut

READINGS IN MENTAL HYGIENE

Edited by Ernest R. Groves and Phyllis Blanchard. 596 pp. Henry Holt and Company, New York, 1936. $2.75.

Readings in Mental Hygiene follows the same arrangement of subject matter as *Introduction to Mental Hygiene,* by the same authors. There are sixteen chapters in each book covering a wide range of topics—practically all fields which mental hygiene touches. In the earlier book the authors gave us historical development and setting, a background of orientation, and a point of view. In the book under consideration they have compiled, from eighty or more authors, a series of articles enlarging upon the original topics—giving much greater depth to each subject treated. This material is much more concentrated and specific, and in addition to increased content gives surprisingly well something of the technique and method of approach in various fields. Especially is this true in regard to work with children, perhaps because it is treated specifically in three different sections—The Origin and Development of Mental Hygiene, Mental Hy-

giene and Childhood, and Mental Hygiene and the Schools—and referred to in other chapters.

The selections are exceedingly well chosen and there is a homogeneity in point of view (analytical) which adds to the force and clarity of the volume. This would seem too to enhance its value as teaching material.

While the reader will really catch something of the "crux of the situation" through reading this book, he will need to read further and study much more before he will fully appreciate the significance of the material touched upon here. In other words, this is an excellent book to give the interested student a start in understanding, but it cannot serve as a full course of study even though source material is accurately reflected.

For the nurse with sufficient background this book should add greatly to her growing concept of mental hygiene. She will not find it easy reading, nor too difficult, but slow and thought-provoking.

DOROTHY ROBERTS
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RECENT PUBLICATIONS AND CURRENT PERIODICALS

SCHOOL HEALTH

SCIENCE NEWS LETTER, 2101 Constitution Avenue, Washington, D. C. 15c a copy; $5.00 a year.

This weekly bulletin, published by The Institution for the Popularization of Science, devotes approximately one fifth of each issue to the health field, much of which could be used by junior and senior high school teachers in teaching scientific facts related to health. As this bulletin is available in many high school libraries it constitutes valuable reference material to school nurses and high school teachers.

CURRENT REFERENCES ON AMERICAN YOUTH PROBLEMS. A mimeographed bibliography published monthly by the American Youth Commission of the American Council on Education, 744 Jackson Place, Washington, D. C.

PREVENTING TUBERCULOSIS, A TEACHING UNIT FOR JUNIOR AND SENIOR HIGH SCHOOLS, 15 pp.; and TEACHING UNIT ON GOOD HEALTH AND GOOD MANNERS, designed for Third, Fourth, and Fifth Grades, 24 pp. National Tuberculosis Association, New York, 1936. Available free from state or local tuberculosis associations.

These two units will be useful to nurses in assisting teachers with teaching health. Preventing Tuberculosis will be valuable in preparation for a tuberculin-testing program.

THE TEACHING OF HEALTH AT WISCONSIN HIGH SCHOOL. H. H. Ryan, Ph.D. *The Journal of School Health*, March 1937, p. 49.

Revision of high school health curriculum to include a health course planned to "increase the pupil's competence as custodian of his present and future health." Topical outline of course is given. Experts from the school and community contributed to the course.

ORGANIZING FOR BETTER SCHOOL HEALTH PROGRAMS. George T. Palmer, Dr.P.H. *The Journal of School Health*, March 1937, p. 57.

A plea to change health practices to keep step with newer knowledge.

GIVE THE DEAF CHILD A CHANCE! Wesley Lauritsen. *Hygeia*, February 1937, p. 130.

Includes list of public schools for the deaf.

EDUCATION OF THE SCHOOL CHILD FOR DENTAL HEALTH. J. M. Wisan, D.D.S. *The Journal of the American Dental Association*, October 1936, p. 1978.

SAFETY THROUGH THE YEAR. Florence Nelson and H. Louise Cottrell. McGraw-Hill Book Company, Inc., New York. 96 pp. 52c.

An activity textbook for intermediate grades. There seems to be a tendency to "write down" to the children but the book should form an excellent basis for a safety project.

A PRACTICAL DENTAL HEALTH EDUCATIONAL PROGRAM. *The Journal of the American Dental Association*, December 1936, p. 2379.

This article not only outlines a suggested dental health educational program but an extensive bibliography on the subject classified as to the school grades for which the publications are suitable.

APPRAISING THE EDUCATIONAL CONTENT OF A HEALTH SERVICE PROGRAM. George T. Palmer, Dr.P.H., and Mayhew Derryberry, Ph.D. *American Journal of Public Health*, May 1937, p. 476.

CONSERVING THE VISION OF DEAF AND HARD-OF-HEARING CHILDREN. Mary May Wyman. *The Sight-Saving Review*, September 1936, p. 204.

Suggestions for increasing the awareness of teachers to the problem of vision conservation as related to this group of children.

RECENT PROGRESS IN HEALTH EDUCATION. W. P. Shepard, M.D. *American Journal of Public Health*, May 1937, p. 454.

THE PROBLEM OF THE CROSS-EYED CHILD. LeGrand H. Hardy, M.D. *The Sight-Saving Review*, June 1937, p. 96.

A discussion of the causes and treatment of cross-eyes in children.

WHAT DOES THE STUDENT OF INSTITUTIONS FOR THE EDUCATION OF TEACHERS KNOW ABOUT EYE HEALTH. Anette M. Phelan, Ph.D. *The Sight-Saving Review*, June 1937, p. 118.

What should graduates of teachers' colleges know about the eye health of children? The author reports a study bearing on this important subject.

GUARDING THE SIGHT OF SCHOOL CHILDREN. Edward Jackson, M.D. *The Sight-Saving Review*, December 1936, p. 243.

The magazine *Progressive Education* for January 1937 is devoted almost entirely to articles on health.

CRUCIAL ISSUES IN EDUCATION. J. W. Studebaker. Pamphlet No. 74, Superintendent of Documents, Washington, D. C., 1937. 19 pp. 5 cents.

An address delivered before the Department of Superintendence of the National Education Association at New Orleans, February 22, 1937. A good summary of present thinking on education.

SCHOOL HEALTH INSPECTION BY TEACHERS. Don W. Gudakunst, M.D. *The Milbank Memorial Quarterly*, April 1937, p. 139.

AUDIO-VISUAL AIDS FOR TEACHERS. Mary E. Townsend and Alice G. Stewart. The H. W. Wilson Company, New York, 1937. 131 pp. 75c.

This is Volume II of the Social Science Series. Although not specifically related to the health field it includes lists of sources of visual materials for health teaching. The content is organized by types of teaching materials such as charts, posters, and motion pictures, rather than by subject. For this reason one who is interested in using this book for reference in relation to a particular subject finds it difficult to do so.

HOME AND SCHOOL COÖPERATION FOR THE HEALTH OF SCHOOL CHILDREN. Report of the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association with the coöperation of the National Congress of Parents and Teachers. National Education Association, 1201 Sixteenth Street, N. W., Washington, D. C., 1937. 32 pp. 20c.

OPEN AIR CLASSROOMS EXTENDING THEIR BENEFITS TO ALL. Report of the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association. National Tuberculosis Association, New York, 1937. 13 pp. May be secured from your state or local tuberculosis association.

THE SCHOOLS WE KEEP. Everett B. Sackett. *Survey Graphic*, May 1937, p. 280.

WHAT CAN I DO. Hugh Grant Rowell, M.D. *National Parent-Teacher*, May 1937, p. 17.

Dr. Rowell offers advice to parents on the education and treatment available to the handicapped child of today.

Three excellent articles from *Progressive Education*, May 1937.

MIRAGES IN EDUCATON. An Excerpt from *School of Education Bulletin* (Vol. VIII, No. 5), University of Michigan. Raleigh Schorling.

Showing that an enriched curriculum in secondary school is possible without elaborate school plant, if teachers are broadly trained, if executives have vision, and if some funds are available.

PREPARATION FOR THE CHANGING ELEMENTARY SCHOOL, by Nila Banton Smith, and THE HOME AS A LABORATORY FOR CHILD STUDY STUDENTS, by Frances Jones Farnsworth.

Two excellent articles which show how the same principles of education are applied in preparation of teachers as they in turn will use later in progressive education programs. Descriptions of the use of school, home, and community facilities are used to furnish educational experiences. These articles should be valuable for school nurses who are not too well informed on progressive education techniques. It can be easily seen where contributions by school nurses can be effectively integrated into such a program.

(To be continued)

• A four-year study of the health work in the schools of New York City was initiated September 1, 1936, and is now under way. The program was formulated at the request of the Commissioner of Health, Dr. John L. Rice, and the Superintendent of Schools, Dr. Harold Campbell. It is administered by a School Health Committee sponsored by the Committee on Neighborhood Health Development, and is financed by a joint grant of funds from the Milbank Memorial Fund, the Metropolitan Life Insurance Company, and the Liquidation Committee of the American Child Health Association. Dr. Dorothy Nyswander, formerly professor of psychology and education at the University of Utah, is directing the study.

The primary aim of the study is spoken of as an "experimental installation" of more effective procedures, with the purpose of providing a better quality of examination, of making the findings of the examination actually lead to greater benefit to children, and at the same time using the examination as a worth-while experience in health education for parents and children.

An effort will be made to introduce changes in the school health procedures in a few schools, observe them closely over a period of a year, and then extend the application of the satisfactory features to a wider circle of schools.

• The Biennial Conference of the National Association for Nursery Education will be held in Nashville, Tennessee, October 20-23, 1937. The program has been built around the general theme of "Safeguarding the Early Years of Children." The conference will be divided up into study groups led by speakers such as Dr. Martha Eliot and Dr. Mary S. Fisher, and which will be composed of representatives from over thirty different national organizations, all of which carry on some specialized type of program with the young child. These groups will have an opportunity to discuss and recommend the next forward step for its own professional group to take. It is hoped that definite plans for action toward coördinating all the resources which are factors impinging upon early childhood will emerge from these meetings.

• The 36th annual meeting of the Illinois State Nurses' Association will be held in Springfield on October 21, 22, and 23. The banquet, sponsored by the Public Health Section, will be held on the 21st, at which time the twenty-fifth birthday of the N.O.P.H.N. will be featured.

• The following officers of the National Congress of Parents and Teachers were elected at its annual convention in Richmond Virginia, in May, 1937: President, Mrs. J. K. Pettingill of Detroit, Michigan; First Vice-President, Mrs. John E. Hayes of Twin Falls, Idaho; Second Vice-President, Dr. Thomas W. Gosling of Washington, D. C.; Secretary, Mrs. W. L. Mabrey of Cape Girardeau, Missouri; Treasurer, Dr. William T. Sanger of Richmond, Virginia.

• Dr. H. E. Kleinschmidt, Director of Health Education of the National Tuberculosis Association, has been given a leave of absence for a minimum of five months to organize a project for training the personnel of the New York City Department of Health. Dr. John L. Rice, the Health Commissioner, believes

that all the department's 2300 employees, regardless of the nature of their work, should have an appreciative understanding of public health. The project will provide for continuous postgraduate training for the technical workers, including epidemiologists, nurses, administrators, inspectors, and for graduated training for other employees.

• Ground has been broken for the new U. S. National Institute of Research near Bethesda, Maryland. The plans call for four buildings to house the research activities of the U. S. Public Health Service.

• Marie L. Johnson has been appointed to the position of Assistant Director of the Nursing Bureau of the Metropolitan Life Insurance Company on July 19, 1937. Before her appointment, Miss Johnson was a Supervising Nurse in the Eastern Health Unit of Baltimore, Md. While in Baltimore, she was engaged in teaching in the Johns Hopkins School of Hygiene and Public Health and in doing administrative work relating to the Baltimore City Health Department.

NEW APPOINTMENTS

(For J.V.S. Appointments see page 547)

Margaret Brass, Supervising Nurse, American Red Cross Nursing Service, Elkhart, Ind.

Mary Heaney McKinnon, Inspector of Nurses, State of California.

Mary Emma Smith (temporary), Public Health Nursing Consultant, Crippled Children's Division, State Department of Public Welfare, Little Rock, Ark.

Neva Harris, Staff Nurse, Visiting Nurse Association, Saginaw, Mich.

Mrs. Elizabeth Healy, Staff Nurse, Mamaroneck Health Center, Mamaroneck, N. Y.

Dorothy Raymond, Public Health Nurse, Clark County, Vancouver, Wash.

Mary Stewart, Staff Nurse, Community Health Association, Boston, Mass.

Mrs. Margaret B. Clewly, as Assistant School Nurse in Teaching Center of Pembroke; Seater-Margaret Drever as Demonstration Community Nurse in Pembroke, State Department of Public Health, Boston, Mass.

Mrs. Fannie T. Warncke, Director of Public Health Nursing, Bureau of Public Health, State Department of Public Welfare, Santa Fe, New Mexico.